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CLINICAL STUDIES OF INEBRIETY—NOTES ON TREATMENT.

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Notwithstanding all the temperance agitation, seen in both church and society, inebriety is increasing. This is verified by the enormous increase in the consumption of spirits, out of all proportion to the changes of the population, together with the increased manufacture and demand for beers and lighter drinks. Also the increase of pauperism and insanity, and the criminal class, from causes that grow out of inebriety.

The questions of treatment and remedy are fast becoming great national topics.

The nature and character of inebriety, and the means that will practically reach this disorder, are the problems of this age. If inebriety is ever a vice or sin, it is a question for church and State alone, a disorder which must be reached by moral means, and the application of all the machinery of societies, church and State. If this is correct, these means will of necessity lessen and remedy it. Every advance of civilization and morals will diminish or neutralize its development.

The natural history of every case, and all the efforts to reach it from the moral side, furnishes no support to this theory.

If inebriety is a physical disease, the problem is a physiological and psychological one, and its nature and character must be sought for in a knowledge of the physical causes and conditions which break out or develop into this state. The remedies and means of prevention are questions for scientific study, from which the laws and forces governing it can only be understood. The presence of one hundred thousand inebriates in this country cannot be a mere vicious element of human nature, but is really the result of certain physiological and psychological forces, moving in obedience to laws that are fixed and definite.

A history of the different methods of treatment in efforts to cure and prevent inebriety, forms one of the most interesting chapters of psychological literature. Like all other advances of science, the subject of inebriety and its treatment are passing through a formative stage, out of which will emerge the facts and laws which govern its rise and progress, and the means of prevention.

An outline of the different methods of treatment will show the confusion and doubt following this subject at present.

The treatment of inebriety in ancient times varied but little from that of to-day. In the book of Deuteronomy the parents of a rebellious son are commanded to bring him to the elders of the city, and say, "This our son is glutton and drunkard, in order that he should be stoned."

It is clear, from this and other references to drunkenness in the Hebrew civilization, that severe penalties were used to check and prevent such excesses. It was considered a sin to use alcohol beyond a fixed limit of moderation. In ancient Egypt, certain stages of inebriety were called madness, and the victims were confined

in mines and forced to work as slaves. If the offence was repeated, they were held as prisoners and forced to work on the public works, in many cases for a lifetime. Inebriety existed here to a greater or less extent, from the king to the peasant, but was diminished by the eagerness of the monarch to keep up a large force of offenders to do public work.

The physical character of inebriety is clearly outlined in the following sentences, translated from an old papyrus, and evidently written by a temperance man who had violated his pledge.*

"Whereas, it has been told me, that thou hast forsaken books and devoted thyself to pleasure, and that thou goest from tavern to tavern, smelling of beer at the time of evening; if beer gets into a man it overcomes his mind. Thou art like an oar started from its place, which is unmanageable every way; thou art like a shrine without its god; like a house without provisions, whose walls are found shaky. Thou knowest that wine is an abomination; that thou would'st not put liquor into thee. Hast thou forgotten thy resolution?"

Many of the sculptures of both Egypt and Thebes exhibit inebriates in the act of receiving physical treatment from their slaves, such as purgatives and rubbings, or applications to the head and spine. In the Grecian civilization, the question of treatment became more prominent, and decided methods were practiced. Solon enacted laws making inebriety in a governor, ruler, etc., a capital crime.

The senate of Areopagus punished those who were given to drink and convivial company. Plato, in his laws, says, "Shall we lay down a law that boys shall not taste wine at all until they are eighteen years old? Urging that, after that period they might use wine in moderation, and when forty they could indulge freely at the meetings in celebration of the gods. Restrictive legislation existed at this time in varied forms, probably consisting of punishment to those who drank to excess. Pittacus, the lawgiver, instead of allowing inebriety as an excuse for crime, directed that it should be followed by a double punishment. The Greek women at one time used wine so freely that a law was passed forbidding its use, because of the danger of transmitting the tendency to the next generation. Among the Romans, although inebriety prevailed to an alarming extent, yet little effort was made to check it. The Bacchanalians, who held wild revels, in which the worship of Bacchus was celebrated with continuous inebriety, were forbidden by a decree of the Senate to hold any meetings, and were punished for the excesses of drink in which they indulged, but this only lasted a few years. By many of the leading men, inebriety was regarded as a great national sin. The history of several centuries shows that, at intervals, legal restrictions were imposed on inebriates, sometimes very severely. Ulpian, the noted Roman jurist, in the second century of the Christian era, wrote that drunkenness was madness, and that inebriates were sick men, and should be treated as such. In law, they should be considered as largely irresponsible. At one time laws were enacted recognizing the physical character of inebriety, but there are no records which indicate that they were applied practically. The early fathers of the church considered inebriety a sin, and the possession of the devil, only to be cured by fasting, prayer and humiliation. Cases of signal deliverance from this satanic influence are mentioned in a spirit of devout thankfulness and acknowledgment of the grace of God, showing that the influence of church and the power of prayer and faith were used in that early day.

In the thirteenth century the physical character of inebriety was recognized in the lessened punishment for crime in this state. Capital crime in this condition was punished by banishment to an island for a stated number of years. In the next century these laws spread into Germany and France, having been embodied, with various modifications and changes, into the jurisprudence of all nations down to the present time. Thus the theory of the old Roman jurist, that there were certain conditions of inebriety in which the person could not realize the nature of his responsibility, has been recognized from time to time in all the legal efforts to control this disorder. A vague, confused notion of physical disease has prevailed, gathering strength from every careful study of the subject. With but few exceptions, to the church alone was left the whole subject of treatment. Occasionally legal measures would be instituted, but they were seldom carried out any length of time, hence inebriety was one of the sins to which the church devoted its efforts to destroy. A moderate use of spirits was not a sin, but only the gross excesses in which good order and decency were violated. The references of the Bible to drunkards were used in a wide, liberal sense, and marshaled to sustain the theory of vice and wickedness. This has been increased by iteration, from one generation to another, and embodied in essays, sermons and temperance literature, until

*See Tuke on Insanity.

its accuracy is unquestioned; although all scientific and practical acquaintance with the subject furnishes data for the most opposite conclusions.

There are no indications that the punishment of inebriety in the past either cured any one or lessened the prevalence of this disorder.

Severe laws might for a time force the inebriate and his friends to observe secrecy in covering up his condition, but the practical effect of such laws always made the victim more incurable. This treatment by legal means has become more severe and unnatural as the idea of vice and possession of the devil grew in the minds of the public. To-day, where this idea prevails to its fullest extent, the harshest means and the least sympathy are exercised in the treatment. The reform that was conceived and carried out by Pinel, raising the insane to the level of human sympathy, and applying means that would reach down to the wants of every case, has scarcely begun with the inebriate. Although inebriety is the most widely diffused of all maladies, the general methods of treatment are the same to-day as those used in the care of the insane a century ago; outlined in punishment in jails, penal discipline of all kinds, persecution, strict accountability, as those who know fully the nature of their actions and can at all times control themselves. This treatment (as in the care of the insane, long ago) is building up a class of paupers whose presence is a growing menace to all civilization and good government. Some of the difficulties of treatment are found in the obscurity of the disorder and the peculiar delusion of strength and capacity to recover at will. In this way the patient's real condition is concealed from all experts and students of science. The social prejudice against calling a man diseased who can in some instances control himself, and from apparent exercise of the will power abstain from the use of spirits for an indefinite time, is misleading. It conveys the idea that recovery is dependent on the will power alone, when in fact these are but the few exceptions to the rule. To illustrate, take one hundred inebriates who sign the pledge under conditions of much excitement, and all in earnest to get well. Five years later all have relapsed but two or three. These will be men of peculiar nervous organization, who have been profoundly impressed by the act of signing the pledge. The power of the will has been so great as to control the diseased organism, probably aided by many other conditions that are psychical and unknown. Take the same number of cases of malaria; rouse up their minds to the same intensity of thought, and endeavor, and keep this up until the nervous system is fully impressed by it, and without doubt a certain number would recover. Or bring the same number of inebriates under the influence of powerful religious emotions, and introduce the element of expectation of permanent recovery by the means of God's grace, and some cases would be thoroughly cured. The same is seen every day in the faith cures, or places where religious emotions are relied upon almost exclusively to produce cures. Cases of severe organic disease have been apparently checked by this means, and the mind kept buoyed up on faith and expectation, until recovery followed. What these forces are and how they control the organism are unknown; but any inference of their value as means of treatment, to the exclusion of other methods, would be erroneous to the highest degree. The treatment of inebriety is passing through an era of wild empiricism, in which the most extraordinary means and methods are urged as curatives. A mere mention of some of them will be of interest, as illustrating this stage of the history of inebriety. First among them is the "Mind Cure," in which the patient is gradually reduced from the amount of spirits he has been taking, until he goes about with a small bottle in his pocket, educating himself to *touch*, *see* and *handle* it, but *not taste* it. The familiarity of the mind with spirits is supposed to be followed by a disgust and recovery. The will, by this method, is to be built up to control the diseased impulses that demand spirits.

The emetic cure has many followers, and is a system of giving drugs to continually nauseate the patient, and at intervals produce emesis. The irritant or blister treatment, by some unknown process is supposed to remove the cravings for spirit. Blisters of cantharides, mustard and iodine are applied over the spine and stomach. Baths of cold water, both shower and plunge, and profuse sweating, have many advocates. The whisky cure is one that has a wide reputation, but strangely enough there are only one or two instances of its use upon record. The treatment consists of having all food and drink mixed with spirits, until the patient is thoroughly sickened. The method by salt water had some notoriety at one time; consisting of the free use of salt water externally. Whenever the patient felt a desire for spirits, water, both internal and external, was freely applied, and the disease was checked. Tea, coffee, and food

of the richest kinds, have been used to check the impulse to drink, sometimes with success, and generally, they delay the desire for a time. Several instances of this means of treatment are on record, consisting of giving all the tea, coffee and food that a patient can swallow, both after and at time spirits are used. The result is that prostration follows vomiting and general engorgement, and in most cases the derangement of the digestive organs supercedes the acute symptoms of inebriety.

Of six specifics advertised to cure inebriety in this country and England, four were found to contain alcohol in large amounts. The others contained aloes and gentian. Three had some form of opium, two bromide of potassium, and four contained cinchona. One, advertised as Chloride of Gold, contains no gold, but large quantities of zinc. All of little or no value except as general tonics. A half a century ago English and French papers contained advertisements of specifics for insanity, with certificates of cures, which of course were signed by clergymen, who have ever been the first to recognize "short cuts" to health by the means of drugs. Medication has usually been a secondary means of treatment, urged and applied by friends of patients, and when taken by the victim, has been to bring about the ideal state where he could use spirits in moderation. One of the gravest errors in the treatment of inebriety, or application of means for relief, is a journey to Europe. Although there are no records of any cases which recovered by this means, yet it is the constant advice of both physician and friends to inebriates, to go abroad for a change of surroundings, air and scenery, hoping by this means to be restored. Every summer hundreds of this class can be seen on out-going steamers, accompanied by friends, or alone. The discomforts of the voyage, the exciting causes of excesses on the steamer, and the common use of beer and wine, there and throughout Europe, make it almost impossible to abstain.

They are always subject to the usual annoyances and pleasures of travel, with the absence of all regular habits of living and care of their bodies. As a result, they become rapidly more and more chronic. The use of stronger alcohols to excess gives way to large quantities of wine daily, and because the mind does not suffer from stupor, the inference is that much is gained and recovery sure.

Instances are noted of severe spirit drinkers who, in Europe, used wine for a long period of time, and when they returned and began the use of spirits, died suddenly, from some obscure cause following the resumption of stronger liquors. The use of wine may cover up the degenerations that are provoked by stronger liquors; the experience of nearly all cases who return from a health trip to Europe, where the cure of inebriety was the object, is that they are far worse and more broken down in health. All travel which brings new temptations to the victim cannot benefit him, and everything which breaks up the regularity of the organism, followed by a constant strain to adapt itself to the new conditions, must of necessity limit the power of recovery.

Many temperance people are full of hope that the use of beer and wine in place of stronger spirits presages a new era of abstinence and freedom from the evil of spirits. But literally this is only a change in the form of the disorder, to be followed with more certain degeneration, although it may be delayed and concealed from general observation.

The beer and wine drinker are as certainly diseased as the excessive spirit drinker. The former may continue for years without any prominent symptoms, and die at last of some intercurrent disease not recognized, while the latter may have a short-lived course of progressive degeneration to death. Yet both of them follow a march of degeneration that is steady and positive to a fatal termination.

DISGUISED SYPHILIS.

BY T. CURTIS SMITH, M.D.,
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Your recent editorial upon this topic was so much to the point, that I think the experiences there related will find their counterpart with many of your readers. How long the human family have been so numerously contaminated with this specific disease is more than I know. I am, by clinical observation, made very sure of one thing, viz., that the ramifications of syphilitic poison are far more varied and extensive than even many medical men will readily admit. Position in society, however exalted and sacred, is no evidence against specific constitutional contamination. I hold in my mind now a large family of parents and children, who will average as high in points of respectability, honor, honesty and religious culture, as any family of a similar number one will find in a day's search. Whether either parent knows or suspects the presence of specific disease in their veins, I cannot say. But sure I am, that one parent died not long since with a disease that, to my mind, had its

origin in a brain lesion that primarily depended on syphilis. The other parent, still living, has a nervous disease—utterly incurable now—the inception and history of which can only be accounted for on the grounds of constitutional syphilis. The children, now quite all grown, and all of whom I have at one time or another treated, have all marked characteristics of inherited syphilis. In every serious attack of any form of disease affecting any of them, there is always a tendency to become chronic in type. If, however, the proper treatment for constitutional syphilis is added or mixed with such other treatment as would be otherwise indicated, they will recover as promptly as any other patients. In this whole family, the disease is so masked that nothing short of a pretty thorough knowledge of constitutional and hereditary syphilis and the whole clinical history of the family, will avail to open any physician's eyes as to their real condition. At my first acquaintance with them I was totally in the dark as to the reason of their slow recoveries from their illness. Once in the realm of real certainty as to the presence of specific disease, I had little more trouble with them than is common with others.

The following case, taken from notes made of it, occurred in practice ten years ago.

Mrs. V., æt. 28, mother of four children, youngest æt. 18 months. I found her pale, anæmic, emaciated, feeble pulse, no appetite, depressed in spirits, and thoroughly broken down. Had been sick for six months, most of the time in bed, during which she had been treated for phthisis pulmonalis, by a fairly capable physician. She and her friends believed she had phthisis, and was incurable. Her respirations were 24 per minute, pulse 120. She had no headache, but considerable vertigo; was unable to sit up or to lay entirely down; tongue furred, bitter taste, breath fetid, mucous membrane of pharynx congested and sore; has frequent, dry, hacking cough; sputa white, frothy and tenacious; voice hoarse and very feeble; respiratory murmur clear, somewhat exaggerated all over both lungs; resonance clearer and louder than usual, owing, perhaps, to attenuated chest walls; could find no evidence of cavities or of tubercular deposits, though she had twice been the subject of hæmoptysis; temperature normal. Abdominal viscera quite healthy. Uterus congested; granular cervicitis and profuse muco-purulent leucorrhœa. The post-cervical region presented a few enlarged glands, as did also the inguinal spaces. Sigmund's gland also indurated. Eleven months after her last confinement she had menstruated once, but not after that date. A month later she had slight hæmoptysis, repeated in three weeks again. After that, she had an attack of epistaxis quite regularly, every three to four weeks, the blood continuing to ooze from the nose for three to four days. This hemorrhage nearly always occurred from the left nostril, which I found to be quite closed with a thick, black incrustation. These hemorrhages always increased the already great prostration.

What disease was she laboring under? Evidently not tubercular phthisis. I found no lesion, or set of symptoms to give name to the disease very distinctly or satisfactorily. Reasoning by exclusion, I was only left to strongly suspect that the whole trouble in this case had its origin and continuance in specific contamination. The poison had produced disassimilation through its pernicious influence over the glandular and venous systems, from which resulted a deteriorated condition of blood and enfeebled tissues, giving an outcome of anæmia, emaciation and prostration. This led to deranged menstrual functions, to local congestions and hemorrhages from—perhaps the lungs twice but certainly—the nose, this latter coming from the Schneiderian membrane. These hemorrhages were in the form of vicarious menstruation.

To make the report short, I have only to say, she was put upon anti-syphilitic agents, with ferruginous and vegetable tonics, and some collateral aids. She made a very good recovery and has lived a fairly healthy and useful life since that time, now more than ten years.

If this was not "masked syphilis," what indeed was it? Tonics had been thoroughly tried before I took the case in charge.

A few weeks since a four years' old child was brought to me, with an ugly eruption around the nates. No other difficulty was present, as it would have seemed, by a careless inspection. The report of the case was that it had taken so much medicine, and had so many severe burning applications made, that it seemed useless to try more. The eruption was a year old. A little well directed and quite pleasant anti-syphilitic treatment very promptly relieved the child. Another not dissimilar case, in an adult, was, by a similar plan, promptly relieved. This too had been grossly medicated, and why the real disease in each case had not been promptly detected and relieved, was quite strange indeed, in view of their certain symptomatology.

A young lady was brought to me by her father, some years ago. He was a wealthy and highly

respected farmer. She had a staggering gait, utter inability to look up, *i. e.* raise her head so as to direct the eyes upward, her feet were numb, lower extremities weak and tremulous, the post-cervical muscles were stiff, and turning the head was painful. Any attempt to read resulted in severe pain in the head and general confusion of ideas. The right arm was less sensitive than the left; she had formication everywhere, and constant feeling of depression. She was well preserved, appetite fair, bowels costive, menstruation regular but painful. Her nights were disturbed, often sleepless; had a feeling of bed turning over much of the time. Had I a case of ataxia? A further search showed a few glandular enlargements, some chronic pharyngitis, a history of nasal catarrh, of very frequent attacks of so-called rheumatic pains in the legs, but nothing definite to clear up the case; there was no discovered ear trouble. Her father finally told me she had been through the hands of such and such physicians. I knew them to be capable men. They had named it spinal disease. I placed her on anti-syphilitic treatment, merely on suspicion, viz: mercury and potassium iodide. She made prompt improvement and rapid final recovery. Was this a case of disguised syphilis, inherited? I do not know. If not that, I have no name for it. If a case of ataxia or brain tumor, or spinal meningitis, it could not have recovered so promptly under any treatment.

A young married lady came to me several years ago, pale, anæmic, weak, costive, nervous, considerable insomnia, loss of appetite, and general prostration. Her catamenia were regular; considerable leucorrhœa. Was troubled almost constantly with muscular pains in her extremities, shoulders and breast. No decided symptoms of any particular disease were present. She was barren. With careful directions as to rest and systematic exercise, diet, bathing, etc., I prescribed a tonic course of treatment. No improvement occurred. A month of faithful treatment failed to yield benefit. Repeated search of every organ failed to elicit decided symptoms pointing clearly to any one disease. Nor did her history show specific contamination. A little further knowledge of the husband gave me the key. She was placed on anti-syphilitic agents and promptly regained her health. Was this merely an accidental recovery?

A carpenter, æt. 32, was laboring under what gave all the appearance of being severe intermittent fever. For two weeks I plied him with anti-periodics, in no small doses; yet the chills and fever returned every alternate evening, with unfailing certainty. One night, about 11 P.M., after he had had a very severe paroxyms of apparent ague, I was called to him in great haste, the messenger saying that he was dying, from pain in his head. Visions of a case of extreme cinchonism floated before me as I approached his residence, for I had given him immense doses of quinine. Reaching his bedside, I was not a little surprised to find the pain caused by as typical a syphilitic node on the right frontal prominence as any patient ever had. Suffice it to say that the quinine was replaced with potassium iodide, and followed by very prompt recovery. Not another exacerbation of fever appeared.

I was called in consultation with a physician, to see a child, quite two years old, in a family of the so-called "upper crust." Affluence had furnished every needed comfort. An innocent mother sat watching the crib of her infant. The father—known to have been contaminated—presided with dignity. The child had been long ill and was gradually wasting away. A careful inspection showed the undoubted manifestations of inherited syphilis, which need not be named here. In the consultation the plans of treatment used were set forth by the attendant. No treatment of a specific character was named. The diagnosis of hereditary syphilis was proposed, and after naming the reasons for such an opinion, was assented to by the attendant, and the treatment ordered accordingly. The child made a good recovery. In this case, an able physician knew of the father's contamination, yet if he recognized the heredity of it in this child, he had failed to put his knowledge into practical use.

Only this week, I discharged a case of pleuro-costal neuralgia, regularly periodic in character, and very severe, too, that I treated almost wholly with specific remedies. He took about four or five doses of morphia during the week of treatment, enough cathartics to keep the bowels well open, some slight adjuvant local treatment, but chiefly he took potass. iodid., and hydrargyri biniod. Why such a treatment? Did I know him to be a syphilitic? No. But his habits in general and a few glandular enlargements, carefully sought for, caused me to adopt that plan of treatment. It was successful. So might some other course have proved curative, but I do not believe it would have done so as readily as this did.

A few years ago a young man came to me with temporal neuralgia. Said he could find no relief, except for a while, under morphia. I

found no local cause for his suffering. His teeth were all sound and none of them tender. He was reduced in strength, anæmic, weak, worn out with suffering. His neuralgia came every afternoon. He had no clear manifestations of syphilis, yet I believed him to be contaminated, because Sigmund's gland was enlarged. On this slender testimony alone he was put on a mercurial cathartic, followed by magnesia sulphate, and this was succeeded by the very free use of potassium iodide. He soon recovered thoroughly. He had been on antiperiodics freely without any permanent relief. The specific agents soon afforded the needed comfort.

About a year ago I was called to treat a child of ten years. She was a thin, anæmic child, with poor appetite, costive habit, much continued pain in the right side, in the region of the liver, and extending down to the umbilicus. Also all over the left pleuro-costal region, and continued dull pain in the head. These were always severe in the afternoon, and especially at night. There was no enlargement of the liver, no derangement of digestion, except want of appetite, no sign of lung disease or pleurisy; no evidence of organic brain lesion, no spinal tenderness. She had a severe, hard, dry cough, seemingly produced by a congested condition of the mucous membrane of the pharynx and larynx. The heart beats were normal in sound, but far too frequent. There was no fever; feet and hands cold. What had I here to treat? No very well defined disease, as commonly described or met with, but a case of general debility, anæmia, and nerves crying out for better blood—neuralgia. She was placed, after a cathartic, upon general and ferruginous tonics, generous diet, passive exercise, and as much change of scenery and associations as neighborhood visiting would permit. For three weeks the best tonics and feeding were continued without any observable benefit. I had from the first observed that her teeth showed signs of syphilitic influence, that she had a full pleiades of enlarged post-cervical glands; that the epitrochlear and inguinal glands were adenoid; that there was a shriveled and scurfy appearance of the skin, but her marked debility and anæmia called for the combinations of mineral and vegetable tonics, aside from these specific manifestations. She was now placed on half a grain of hydrarg. proto iodid., three times a day, and iodine tincture over abdomen and left half of chest freely once a day. Tonics continued. The change that took place for the better in the next week was quite surprising to see. Potassium iodide was added then, and the mercury left off for a week. She soon became strong, healthy, vivacious, a rosy hue taking the place of the tawny complexion she had at first. Was this a case of hereditary syphilis? If not, what was it? Two others, a brother and sister, had also some of the ear marks of the disease, and the father was reported to have died of some form of consumption; the mother seemed to be healthy.

Last winter I treated a man, aged about thirty, for pneumonia. He was of good constitution, and soon bid fair to recover, but was left with a severe cough and a hepatized condition of the middle lobe of the right lung. The cough was the result of this and the remaining bronchitis. His use of proper tonics and expectorants availed but little, in ten days, for his relief. On seeing his two-year old boy about this time, it was quite observable that he had many distinct signs of hereditary syphilis. It could not be so without receiving this contamination from one of the parents. The father gave no distinct marks of the disease at that time, but I placed him on potass. iod. freely, and an evening dose of half a grain of hydr. protiod. His recovery from that date was prompt and all that one could desire. Was this recovery simply accidental?

Some months since I was called to see a little child of sixteen months. It had pneumonia, and was very ill. It also had a few clear marks of hereditary syphilis. It was treated for pneumonia without any special reference to this, and made a good and prompt recovery. But the mother was feeble, thin, anæmic, nervous, had sore throat and many muscular pains, especially at night. The clue given by the child led me to a careful investigation of her history. Slowly and by degrees I drew out a syphilitic history, all unsuspected by her, a thing I would scarcely have thought of doing, but for what I had seen of her child in the cradle. She was placed on anti-syphilitic remedies, and made a prompt recovery of all her present ailments. She informed me, when better, that she had taken "so much medicine without being improved, that she had been quite discouraged." Later I treated the husband, and there found unmistakably the first source of this lady's sufferings, and of the child's specific symptoms.

One other case and I will suspend further weariness to your readers. Mr. W., æt. 31, son of a highly respected farmer, had been employed in one of our large cities. His health had so thoroughly broken down, that he "returned to his father's house," bringing a hale and buxom

wife with him. He expected to remain an invalid for life, if country modes of living did not restore him. I was at his father's house six months after his return, on other business, when my attention was called to this invalid and his incurable condition, and I was asked whether I thought it advisable to attempt any further treatment. I found him with tawny skin, fetid breath, severe cough, great pain in the chest walls, very feeble pulse, constant so-called rheumatism of his joints. He was emaciated, dyspeptic, constipated, urine scant, high colored, in short, nothing normal about him. There was no real lung disease, to account for the cough or the pain in the chest. The viscera seemed, for the most part, doing their part as well as they could under the conditions present. He had a few small glandular enlargements, no decided specific marks anywhere, yet his general history and the absence of decided lesions in any organ, led me to suspect syphilis. I said to him. "I do not consider your case hopeless. I think you can be cured." He was placed on anti syphilitic agents, with tonics and good diet. In four weeks he rode twenty miles to see me, and was greatly improved. In two months more he returned to his labor, and has, I believe, so continued ever since, now three years.

Was he a syphilitic? I do not know. If not, the treatment was all wrong. Nor do I know that he had ever had "a chancre." This I do know: every member of the "respectable father's" family, including four sisters and three brothers, showed quite unmistakable marks of laboring under hereditary syphilis, and every one has suffered or do now suffer from this hereditary contamination, if my judgment of their condition is correct. If any one, in view of the multiplied experiences of this kind, by our profession, is disposed to ask "when and where he shall look for syphilitic disease and its ramifications," it certainly would be well for him to change the form of the interrogatory and ask, "where, when, and among whom shall I not look for it?"

I would not have any one infer that every one has it. Some are pure as the morning sun. Nor are mercury and potass. iod. the only remedies for this disease. Far from it. Many others are as valuable in some cases, and more valuable in others, than they are. Great care should be exercised in using mercury. Ptyalism is worse than useless in all cases of syphilis.

It is scarcely necessary to add more cases in this line. No doubt every observant physician has seen scores of them, and an infinite variety of the phases in which this hydra-headed monster arises in practice. It may involve any organ or portion of the system. No tissue is exempt from its' baneful influences. There are very few diseases it may not simulate, especially of those of the glandular, muscular and nervous varieties. These may be often relieved without anti-syphilitic remedies, but never so promptly as with them, where the taint is present.

I use the word "*relieved*," because this is as far as we can go. I believe, with Fournier and Hewitt, viz., "a person who is once a syphilitic is always syphilitic, and his very ghost after him will be syphilitic." True, men seem to be cured, and who cannot affect a so-called cure? which only means that the poison is overcome for the time, only to arise in rebellion again at some more favorable season, unless efforts for its complete removal had been very thorough and prolonged. When we remember this fact, and also the salacity of the human race, the want of moral stamina in the millions, and how readily the disease is communicated in venereal indulgences and transmitted to the offspring, there can be little surprise that we find it almost everywhere, or at finding it anywhere among the ranks of society. The wonder sometimes is that physicians so often fail to see it where it is so manifestly and clearly present, though in irregular form.

Shall some say "this report includes many cases where syphilis very probably did not exist, and his general alterative and tonic treatment cured them." I readily grant that this may be so, but I further say that I have for the most part reported cases that were obscurely syphilitic, if so at all, and will also state that in a very large proportion of such cases coming under my hands, they have had other than specific treatment first. This either failed altogether or partially. Then they were placed on anti-syphilitic treatment, and this seemed to effect prompt relief. A large number of such experiences has led me to regard most of these cases as those laboring under specific contamination, the primary lesion having been more or less remote, or not at all known or even suspected by the patient.

Very many cases, clearly syphilitic, yet not known to be so by the patients, could be reported here. But we have preferred to report those cases that were marked and very liable to pass unobserved by even medical men, unless they have had a few eye-openers in this class of practice.

Hospital Reports.

NEW YORK HOSPITAL.

CLINIC OF PROFESSOR WILLIAM H. DRAPER.

Reported by W. H. Shelyr, A.M., M.D.

Hemiplegia.

The examination of the patient by a student, and the reading of the hospital reports, brought out the following facts.

Patient's age is 37. Has had many occupations, but the last was bookkeeping. Has not been much of a drinker, and his habits are good. His father died at the age of 52, from heart disease. His mother was past 70 years of age when she was found dead in bed, one morning. Patient has had typhoid fever, smallpox, measles, scarlatina and all the diseases of children. Has never had much rheumatism, but only a little pain in the joints occasionally. Was never laid up with it.

On awaking, early one morning last June, he felt a peculiar pain in his left hip. He got out of bed but found he could not move the leg, so he began to rub it. There was no sensation below the hip, and it felt to him as if all below this joint was gone. Soon the leg began twitching and jerking up and down, and then it extended to the left side, and finally crept up to his arm and neck. He then lost consciousness for a few moments. The twitching lasted between one and two hours. After the attack there was complete loss of power in the left leg, but nowhere else. During the attack he did not froth at the mouth or bite his tongue. He soon regained the use of his leg, and was well for several months. In September he had a second attack, similar to the first, but he did not lose consciousness. Recovery was not as rapid or complete as after the first one. There was loss of power in the left arm as well as the leg. His third attack was on Sunday morning, October 2d. It was like the others, but it ended with a long continued tonic spasm of the left arm. He has not been able to use his leg since. The next Thursday he gave up business and came to the hospital. On October 18th, at 10.40 P. M., he awoke from sleep with a clonic spasm of the left foot, which extended up the left side and arm, and there was a tremor of the hand. The attack lasted two minutes. It left him weak and nervous. On October 27th he had another attack, with clonic spasms, and violent jerkings of the limbs, which lasted forty-five minutes. The spasms immediately ceased on the introduction of a hypodermic needle into the arm, for the purpose of injecting Magendie's solution of morphia. He has not lost consciousness in any of the attacks since the first. Has had no paralysis of the sphincter muscles of the anus or bladder, no urinary symptoms, no headache, and there was no frothing at the mouth or biting the tongue in any of the attacks.

A brief physical examination showed loss of power in the left leg and arm. The patient remarked that he now felt an attack coming on, but it was only marked by a momentary twitching of the left arm and a slight flushing of the face. There was thought to be a slight murmur with the first sound of the heart. There was noticed a little difference in the strength of the radial pulse on the two sides.

Now, gentlemen, you have heard the history, and seen the physical examination of the patient, such as he can tolerate, and the question arises as to the cause of the trouble. But first, if, as has been suggested, there were a difference in the radial pulse in the two wrists, how might it be accounted for? The most common cause of such a variation, is an abnormality in the origin of the superficialis volæ artery, which may be given off from the radial a little higher up than normal. So that in taking the pulse, the finger may press upon this instead of the radial artery. Or it may be due to a less quantity of blood flowing into the arm, which, for lack of use, is wanting in vitality. Or it may result from an aneurism, or possibly from an embolism higher up in the artery, or from anything causing pressure on the trunk of the vessel. When you find a difference in the radial pulsation, you should always think of all the possible causes of this phenomenon.

We now come to the question of the cause of the hemiplegia in this man. In studying a case of hemiplegia, we must always think of the possible causes of it, which are, briefly, embolism, thrombosis, apoplexy, or a tumor in the brain. Or a temporary spasm of the arteries of the brain causing a disturbance in the circulation, may cause a hemiplegia for the time being. Now how will you proceed to reason from the facts in your possession, as to which of these causes is active here? The proper way is to compare these facts with the peculiar symptoms which are apt to be associated with each cause, in succession. And first, we can exclude a tumor as the cause. For the paralysis resulting from the pressure on the brain of a tumor, is more localized and more persistent than in this case. Most of the attacks here have been followed by only a temporary loss of power, and then a gradual but only partial recovery, which has been less perfect after each attack. We will next look for thrombosis. This is usually the result of a calcification or an endarteritis in the vessels, which causes the formation of a blood clot at some point, which plugs up the vessel. The same result may follow from an endarteritis obliterans. But there is nothing in this man that looks like senility, and his radial arteries show no marks of degeneration. And a thrombosis results in a final obliteration of the artery, and so, from lack of nourishment causes a softening of the brain tissue about it. But here we see no evidences of cerebral softening, and his general health is good. So we exclude thrombosis.

Next comes embolism. This is the plugging of an artery by a clot transferred from some other part, usually from one of the valves of the left heart. The commonest course for such a clot to take is up the left carotid artery, then into the internal carotid, and next into the left middle cerebral or sylvian artery, in which, or its branches. it becomes fixed, and so occludes the artery. Now do the facts in this case point to the probability or improbability of embolism?

Embolism occurs most frequently in youth, and if a hemiplegia occurs at this age it is a strong argument in favor of embolism as the cause, and it is a powerful factor in making the diagnosis. An attack of rheumatism, either in its acute stage or at some time after, is liable to give rise to an endocarditis, which results in the formation of vegetations on the valves of the heart, and this is the origin of an embolus. This man's age is too far advanced to suggest the youthful stage in which we commonly find embolism. There is another fact peculiar to embolic hemiplegia, which will aid in the diagnosis. It is that where you get an obstruction of the cerebral artery from an embolus, you are apt to get other embolic plugs in other regions of the body. For usually there are many vegetations on the cardiac valves, and several of these become detached at the same time, and some go into the carotid artery while others go into more distant vessels. But they are more likely to go into certain organs than to others. Thus a splenic embolism is quite common. And so also with the kidney. But a plug in the renal artery is generally followed by hæmaturia. So it is always important to examine the urine of a child who is suffering from an endocarditis. In embolism of the spleen there is a swelling of that organ, from congestion caused by the interference with the return circulation; for the parts beyond a plug in the splenic artery do become congested and infarctions are apt to follow. When this occurs in the kidney we get hæmaturia. Again, a plug in the brachial artery may occur and cause an absence of the radial pulse in the wrist of that side. As these accidents, which are apt to occur at the same time with a cerebral embolism, are all absent in this case, it is so far an argument against the probability of this being the cause of the hemiplegia in this case.

If we exclude embolism we have left apoplexy. This consists in an extravasation of blood in some portion of the cranial cavity. It may be between the dura mater and the skull, or in the cavity of the arachnoid, or in the subarachnoidean space, or in the substance of the brain itself. The onset of the apoplexy may be either sudden or gradual, and it may or may not be attended with convulsions and loss of consciousness. The symptoms will depend upon the amount, the suddenness and the locality of the extravasation. This man's first attack was accompanied by convulsions and a brief loss of consciousness. He soon recovered, and was quite well for a time; then he had another attack, followed by not so complete a recovery, and then a third, and less complete recovery. So we have to argue that he had three separate hemorrhages before he came to the hospital. But where in the brain could you have three successive hemorrhages, followed by almost complete recovery, in so brief a time?

There is one important point to notice in these cases, gentlemen, and that is, whether there has been any permanent loss of sensation. Where the seats of sensation in the brain are not involved there will be only a temporary disturbance or loss of sensation. But in this man there has been no permanent loss of sensation, but he is rather more sensitive on the paralyzed side than on the other. This indicates that the optic thalamus is probably not involved. You would hardly expect to have any considerable hemorrhage in the corpus striatum, the motor tract, the crura, or the pons, without a permanent paralysis. For a large hemorrhage would be likely to cut off bundles of nerve fibres of considerable size, which would be followed by a permanent paralysis. But yet I think the hemorrhages in this case were in this locality, but were small and only of sufficient size to cause temporary disturbances and paralysis. They may have been either in the cortical substance of the convolutions or in the white substance beneath, and from the decided regional character of the loss of power, it looks as if they had been in the white substance. And this gives weight to the opinion of some, that there are certain localized motor spots in the brain, which, if disturbed, cause a paralysis in certain groups of muscles which they govern. I think that the brief tonic and clonic convulsions from which he frequently suffers now are due to changes going on in and about the clot. For nature sets up inflammatory changes which result in a slow compression and contraction of the clot, and finally it may become almost obliterated. This process of contraction is probably now going on here, and by irritation produces the occasional attacks of which he complains. These attacks were controlled very well for a time by the bromides, but they caused so much constipation that he had to give them up. From the straining, rendered necessary by the constipation, he thinks the loss of power was aggravated. As to the truth of this we cannot say.

Where there has been a large hemorrhage into the brain there is usually a permanent rigidity of the affected muscles, while the changes are going on in and about the clot. But here the limbs are not permanently rigid, but are rather flaccid, and so the clots are probably small. There is a more marked return of power in the leg than in the arm, here. But this is usual, for recovery usually first takes place in the muscles which control extensive movements.

Bright's Disease.

The next patient did not speak English, so a very satisfactory history was not obtained. Patient's age is 25. Born in Denmark; is single; occupation a sailor. Is a moderate drinker. No history of syphilis or rheumatism. Three days ago he began to suffer from headache, pain in the lower extremities and across the lumbar region; cough, with a thick, grayish mucous expectoration, and other febrile symptoms. His bowels have been irregular, but generally constipated. At the time of his admission, on Nov. 8th, his temperature was 101°. Nov. 9th, at 6 A.M., normal. At 12 M., normal. At 4 P.M., 101.4°. Nov. 10th, to-day, at 6 A.M., 103.6°. At present it is 103.6°. He had a chilly sensation at about four o'clock this morning. He has had some slight œdema of the feet, but this has now disappeared. Yesterday his urine contained a little albumen, but no casts. To-day it is free from both. He has passed 48 ounces in 24 hours. It contains no blood, but has a few leucocytes.

You will note, gentlemen, that when he came in he had some fever, and since he came in he has had fever with remissions and exacerbations. He has also had some albuminuria and œdema of the lower extremities, which have pretty well subsided now. These are the clinical facts of importance. He says his last voyage was in a German steamer, from Bremen. He has not been in Africa or South America.

Inspection.—The patient was a large, well built, young man, somewhat fat or fleshy, with light hair and blue eyes, and clear complexion. His face appeared slightly anæmic. The chest and abdomen showed nothing unusual. There was very slight œdema of the ankles.

Palpation.—The abdomen gave no signs of fluid by fluctuation.

Percussion.—The upper margin of liver dullness was on a level with the nipple, and the lower line was at the free border of the ribs, and it extended further to the left than normal. Showing that the liver was much enlarged. The spleen was also found to be very decidedly enlarged. The præcordial dullness was normal, and so also was the pulmonary resonance. Percussion on the back gave the same results.

Auscultation.—There was a prolongation of the first sound of the heart, but this was not very marked. The respiratory sounds were normal.

Now, gentlemen, the symptoms we have elicited are, some œdema of the feet, enlarged liver and spleen, fever, and no affection of the heart or lungs, and slight anæmia. What is the logical sequence of these events? From what is the man suffering? It is probably not acute Bright's disease, for the urine is not diminished. Both in acute parenchymatous nephritis and in congestion of the kidney we get either reduction or complete suppression of the urine, and we are apt to get more or less anasarca, as well as albumen and casts. But none of these conditions are here present.

The œdema might be a sequence of malarial fever. But we have no account of his having been in malarial regions. If we had found that before he came in here he had had regular intermissions or exacerbations we would probably infer that he is suffering from malarial fever. He has the peculiar anæmia and the enlarged spleen and liver of malarial poisoning, and so I think that the primary element was probably a malarial poisoning at some recent time, and this has brought about the congestion of the spleen, liver and kidneys. And now there is a recurrence of the febrile disease; and the watery condition of the blood, together with the feeble action of the heart, have given rise to the œdema.

It may be that he has had, some time ago, more acute symptoms of Bright's disease than he now presents, and so we should be careful to inquire if there has been any reduction in the urine or any œdema, in the past. This extensive anæmia may be the result of a recent acute parenchymatous nephritis. I speak of acute parenchymatous as the most probable form of nephritis in this case, because there is not here the appearance nor the history of chronic Bright's disease. As he cannot speak English we cannot obtain any information as to the former attacks, at present. He will be more carefully examined hereafter.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, October 26th, 1882. The President, Dr. James Tyson, in the chair.

Hypertrophy of the Prostate Gland, Accompanied by Profuse and Fatal Hemorrhage.

Presented by Dr. J. B. Roberts, for Drs. J. M. Adler and Wm. Hunt.

The clinical history furnished by Dr. Adler is as follows: The patient, aged 66 years, of medium size, weighing 150 pounds, of regular habits, had enjoyed good health until within one year past. On a number of occasions during the past year he has had slight hæmaturia. He passed his urine with ease, and only complained of slight perineal pain. On the 12th of September last he arose in the morning, in his usual health, but soon after breakfast he was attacked with sudden, acute pain in the bladder, which he was unable to empty. Dr. Adler saw him in a short time, when the patient complained of great hypogastric pain, and was much prostrated, with a blanched, sallow, cold skin, and a rapid and feeble pulse; a well defined pyriform swelling occupied the hypogastric region, extending upward to the umbilicus. After stimulants and morphia had been given, about one pint of fluid blood was drawn off by the catheter, after which, this instrument becoming blocked, a double one was introduced, by means of which injections of warm water were thrown into the bladder, and another pint of broken down coagula were removed. A solution of alum, 20 grains to the pint, was then introduced into the bladder and allowed to remain. Despite the internal use of ol. terebinth and ol. erigeron, with opium suppositories, the hemorrhage continued, necessitating recourse to the catheter, injections etc., to free the bladder from coagula. Death ensued on the sixth day, from exhaustion induced by the repeated hemorrhages. The diagnosis arrived at by Drs. Hunt and Adler was carcinoma of the neck of the bladder.

Sectio cadaveris.—The autopsy was a partial one, made in the undertaking establishment. Upon incising the hypogastrium, the distended bladder was at once seen, containing nearly a pint of clotted blood. This was removed by the hand, through an opening in the viscus, when Dr. Roberts felt, near the vesical neck, protruding into its interior, a pear-shaped mass, about the size and shape of the adult uterus. This, as the members of the Society saw, was evidently a greatly enlarged middle lobe of the prostate gland, covered by unaltered mucous membrane. The lateral lobes were also enlarged. The mucous lining of the viscus was smooth and congested, presenting at one point two small circular depressions, with cleanly cut edges. Owing to circumstances, no further examination of the body was made.

Dr. Eskridge inquired whether the blood removed from the bladder at the autopsy presented a urinous odor? He had treated recently an interesting case of recurring hæmaturia, supposed to be due to a varicose condition of the veins of the vesical neck. The patient was a man, æt. 77 years, who, five years ago, and at intervals since, had lost considerable blood. The former attacks had yielded readily to ergot, but shortly after the onset of the last one, Dr. Eskridge had found the bladder distended with a large clot, which he had been unable to break down by injections of either alkaline or acid solutions. The secretion of urine was suppressed during the last twenty four hours of the patient's illness, the blood drawn from the bladder presenting no characteristic odor. The man died apparently from uræmia, two or more severe chills preceding death, although no convulsions occurred, and he remained conscious to the last. Unfortunately, no post-mortem examination was obtained.

Dr. Formad thought that the growth resembled rather a sarcoma than carcinoma. He had seen two instances of round-celled sarcoma of the prostate. All growths starting from the epithelia of the genito urinary tract, as well as from the cavity of the uterus, the kidneys and supra-renal bodies, in short, growths of all the organs arising from the middle layer of the blastoderm, microscopically resemble sarcoma, and usually prove to be such, when microscopically examined.

Dr. Tyson said that this specimen possessed a special interest for him, inasmuch as he had had his attention forcibly directed to the differential diagnosis of a simple hypertrophy of the prostate from malignant disease of that organ, by having lately under his care a gentleman, where ergot at first proved of much benefit, but in whose case the catheter was soon demanded. This instrument was used with unusual skill and gentleness by the patient himself, notwithstanding which blood occasionally followed its use. Exceedingly severe pains next developed, radiating from the bladder to the testicles, groins and inner aspects of the thighs. Emaciation soon set in, and he died at the end of 15 months. At the autopsy malignant disease of the prostate was found, involving by infiltration the lateral aspects of the bladder and the neighboring parts, so as to compress the nerves, thus accounting for the radiating pains complained of. He would like to know from Dr. Roberts whether his case presented this symptom of radiating pains, and also the source of the hemorrhage, as the smooth surface of the growth, and the healthy condition of the mucous membrane of the bladder, are such as to excite surprise.

Dr. Roberts, in reply to the various questions propounded, said that, only having made the post-mortem examination, he knew nothing beyond the facts given in the notes read. As to the source of hemorrhage, he would call attention to the two small erosions of the mucous membrane of the bladder as the probable source.

Report of the Committee on Morbid Growths.—The specimen presented by Dr. Roberts, upon microscopic examination, is found to consist of the histological elements composing the prostate gland. There is no evidence of any neoplasm, except a numerical hypertrophy of the structures of the organ. The specimen is a hypertrophic prostate gland.

Caseous Degeneration of the Kidneys.

Presented by Dr. J. B. Roberts, for Dr. Dunmire:—

Owing to Dr. Dunmire not having seen the woman until within a few hours of death, the history is of necessity imperfect. She was a married woman, 39 years old, whose husband is said to have infected her with some form of venereal disease. The husband had been dead for about one year when the patient first came under treatment. There were no evidences of syphilis, so that the supposed venereal affection of the past had been presumably gonorrhœa. When seen, September 14th, 1882, was exceedingly ill. Gave a history of general ill health for the past few years, but dated the present trouble some weeks back, when she had bathed in the surf while menstruating. This was followed by a chill, since when she had steadily grown worse. When Dr. Dunmire saw her she complained of sore throat, difficult deglutition, anorexia, sick stomach, pain in the back, with sharp pain running toward the groin, especially on the right side, tenderness over the abdomen, and frequent, scanty micturition. The pulse was 140, the temperature 103°, and there was profuse leucorrhœa. An unfavorable prognosis was given, which was soon verified by her becoming unconscious and dying six hours later.

Autopsy.—The abdomen alone was allowed to be examined. All organs healthy except kidneys and bladder. The latter contained a little urine and mucus, its walls were much thickened and its lining membrane was congested. The left kidney had little true kidney structure left, but was converted into a group of seven or eight cysts, containing a white, cheesy material, of a moderately firm consistence. The ureter was much dilated and thickened for about three inches from the pelvis of the kidney. The right kidney was normal in outline, but when incised revealed one large cyst, with creamy contents, and also another small cavity containing a few minute calculi. Several of these could be felt through the walls of the normal ureter, thus accounting for the ante-mortem renal colic. The perinephritic structures were unchanged, as well as the capsules of the kidneys, although these latter were perhaps more adherent than normal.

Lymphomatous Tumor of Mediastinum.

Exhibited by Dr. W. S. Little for Dr. G. C. Smith, of Rondout, N. Y.

The history of the patient from whom these specimens were removed is, in brief, as follows: A young man, æt 24 years, had been but a few days under Dr. Smith's care, having come from Boston, where his physician had pronounced him phthisical, and had recommended a sea voyage. During the past few months small, nodular masses had developed in the muscular tissues of the right chest walls, near the median line in front, and also posteriorly. The axillary and supraclavicular glands were involved.

Shortly after Dr. Smith first saw him he developed marked dyspnœa and died suddenly, without any evidences of marked lung disease, except, perhaps, some symptoms of pleuritis. There was apparently mitral disease. Anasarca, especially of the lower extremities, gradually developed.

Sectio cadaveris.—The skin was hard and friable; nodular masses were found disseminated through the muscular tissue of the chest-walls, which had undergone some species of degeneration; the costal cartilages presented evidences of a degeneration similar to that seen in the muscles. On removing the sternum, the subjacent tissues were markedly pigmented, and the anterior mediastinum completely obliterated by a mass of the size and shape of the half of a large lemon, which pressed against the heart. The large bronchi were involved in the growth; otherwise the lungs seemed healthy, and evidences of slight pleurisy were found. The pneumogastric nerves were both involved, chiefly the left, and on further dissection the disease was found to occupy all of the lower part of the posterior mediastinum, involving the contiguous osseous tissues. The nerve involvement explains the sudden death. The diaphragm was also involved in the lower portion of the growth. The four portions of the growth shown to the Society are: 1st, one of the subcutaneous nodules; 2d, a small portion of left lung, near its root; 3d, a portion of the anterior mediastinal growth, with part of trachea, bronchi and aorta; 4th, one-quarter of the tumor, which, involving the diaphragm, projected from the left thoracic wall into the chest cavity.

Dr. Formad inquired whether there were any other evidences of cancer in the remainder of the body.

Dr. Little replied that none were detected.

Dr. Formad then said that he was unaware of any specimen of primary carcinoma of the mediastinum on record, and moved the reference of the specimen to the Committee on Morbid Growths, as it was probably a sarcoma.

Report of the Committee on Morbid Growths.—The mediastinal growths are found, on microscopical examination, to consist of a mass of hypertrophic lymphatic glands, much pigmented. There are also seen adipose and fibrous tissues in a state of active proliferation.

Cirrhosis of Liver in the Stage of Enlargement.

Exhibited by Dr. E. T. Bruen.

T. W., aged 20 years, colored; has worked on a farm since boyhood, and has been much exposed to weather. His habits were temperate; he was free from either syphilitic or malarial taints. Father is still alive; the mother died of phthisis. He was never robust, but had had only one severe illness, viz., typhoid fever, from which he convalesced perfectly, but he readily "took cold." He was first seen by Dr. Bruen at the University Hospital, in January, 1882, when he gave the following history.

Abdomen began to swell two years ago, with neither pain nor tenderness. Was obliged to rise at night, to urinate. The abdominal swelling increased, and the previously regular bowels became constipated. Occasional sharp, shooting pains were felt across the chest when lifting weights or working hard, and also slight, dull pain over liver, lasting for a few moments only. When seen abdomen measured 50 inches. On 19th of January he was tapped, nineteen quarts of fluid being removed, rendering plain a much enlarged liver, covered with smooth, nodular elevations, with the apex beat of the heart displaced upward into fourth interspace. March 18th, five gallons more fluid was removed, after which pleural and bronchial complications arose, which soon subsided. May 6th, paracentesis by capillary needle was resorted to, which was followed by much localized tenderness around the site of the punctures. Symptoms of peritonitis developed next day, which terminated life the same evening. During life, the diagnosis was most difficult and interesting. The enormous size of the liver, the palpable bosselation of its surface giving a sensation like that of crepitating tissue, as though fluid-lymph had been thrown out; and finally his abstemious habits, with absence of either syphilitic or malarial taints, suggested malignant disease. His age, the excessive rarity of primary carcinoma or sarcoma of the liver, with his family history, all negatived this view. He had had some dyspepsia. Enlargement of the liver connected with catarrh of the bile ducts, would have presented symptoms of jaundice, and intermitting temperature, terminating by death from cholesteremia. The case, then, was one of simple cirrhosis.

Sectio cadaveris.—The abdomen contained six gallons of purulent fluid. Both the parietal and visceral peritoneum were covered with a thick coating of inflammatory lymph, tinged with blood, from multiple capillary hemorrhages. The abdominal veins were all replete with blood. The liver weighed nearly 5½ pounds, was of a nutmeg appearance; on section was indurated, and presented a bosselated, nodular appearance. The gall bladder was thickened and contracted about two-thirds in bulk. The bile ducts were normal. The spleen was covered by a pseudo-cartilaginous capsule but was otherwise normal, as were also the stomach, pancreas, intestines, kidneys and supra-renal bodies. The abdominal lymphatic glands were slightly enlarged,

Dr. Seiler remarked that, having seen the case during life it was almost impossible to divest oneself of the idea of malignant disease. He thought that the projections were the unaltered portions of the liver, which had been compressed and squeezed out by the contracting interstitial tissue.

Dr. Bruen remarked upon the obscurity of the etiology.

Dr. Tyson asked Dr. Formad, who had examined the specimen microscopically, whether he considered it to be in the first or second stage of the affection.

Dr. Formad replied that he considered it to be in the commencing second stage, and detailed the microscopical appearances.

Dr. Tyson, after briefly adverting to the causation of cirrhosis, said that his reason for asking Dr. Formad whether he considered that the organ was in the first or second stage of cirrhosis, was, that some few years since an

important insurance case had been argued in our courts, where the defense was set up that the man had not a cirrhosed liver, because it was enlarged. For his part, he had no doubt that a liver could be in the second stage of cirrhosis, and yet be enlarged; there might be enlargement from fatty infiltration, concurrent with interstitial inflammation.

EDITORIAL DEPARTMENT.

PERISCOPE.

Intravenous Injection of Fluid for Hemorrhage.

Dr. C. Edgerton Jennings, in the *Lancet* says:—

On August 20th, at about 3 P.M., M. A. S., a patient of the London Hospital Maternity Charity, pregnant, and nearly at term, fell in the courtyard adjoining her house, suddenly becoming the subject of profuse ante-partum hemorrhage. At 5 P.M. I found her collapsed to a marked extent, lying on a sofa in her bedroom, the pulse barely perceptible, the skin cold and clammy, extreme pallor of the face, an anxious expression of countenance, sighing respiration, and slight jactitation. Blood was flowing from the vagina; the mucous membranes were blanched. Upon examination, I found the os uteri fairly dilated, the right shoulder presenting; the membranes were unruptured, and the edge of the placenta could be felt just within the os uteri posteriorly.

At this critical juncture I remembered the cardinal rules laid down very clearly by Dr. Palfrey in his lectures on Obstetric Medicine, for the management of cases of this description —viz., to arrest hemorrhage, to correct the malpresentation with the least possible shock, and, by cautiously employing stimulants and restoratives freely, to allow the patient to rally and deliver herself spontaneously. A drachm of brandy, with one of water, was injected into the gluteal muscles; the membranes were ruptured, and the left leg brought down into the vagina with considerable ease, owing to the flaccid condition of the parts and the amount of general anæsthesia present. The abdomen was kneaded, the hemorrhage ceasing. To have accelerated delivery at this period would, I think, have proved fatal. Two grains of sclerotic acid, in solution, were injected into the buttock, and the woman was covered up with blankets. I left an assistant steadily kneading the uterus, and returned to the hospital for a transfusion apparatus. Not being able to procure a blood-giver, it was determined to try a saline alcoholic intravenous injection.

I may observe, parenthetically, that great difficulty was experienced in finding a vein, owing to the profound anæmia existing. The patient's right elbow was immersed in hot water, and the cubital triangle thoroughly sponged. These means, added to friction of the part and the adaptation of a turn of a bandage around the arm, were successful in causing the veins to stand out with some prominence; an incision was made over the median basilic, the vein exposed, isolated, and an aneurism-needle armed with a double ligature passed beneath it. The distal ligature was tied, the vein opened, the nozzle of a three-ounce metal syringe, charged with the fluid already prepared, inserted; the proximal ligature tied loosely over the nozzle of the syringe, and the piston pressed slowly home. This was about 6 P.M., the woman being moribund. The syringe was emptied; it was disconnected, refilled and readjusted, the process being continued till sixteen ounces of fluid had been injected. Signs of animation very rapidly appeared—recognition of people present, speech, vision and hearing returned, and complaints of pain in the abdominal region were made. The syringe was withdrawn, the proximal ligature on the vein now tied tightly, the wound closed with the interrupted suture, and a compress and bandage applied. Another grain of sclerotic acid was injected hypodermically, and the case left to nature, delivery occurring at about 7.30 P.M., without any further operative interference whatever.

I may add that the saline alcoholic solution employed in this case consisted of twenty ounces of water at about 100° F., into which was stirred a powder containing exactly the following ingredients: Chloride of sodium, fifty grains; chloride of potassium, three grains; sulphate of soda and carbonate of soda, of each twenty five grains; phosphate of soda ($Na^3\ Po^4$), two grains. To the fluid thus prepared two drachms of absolute alcohol were added. The subsequent progress of the patient has been most favorable. The highest temperature (Aug. 23d) noted since delivery was 102.4° F.; the wound at the elbow healed kindly, and the woman has proceeded to an uninterrupted convalescence.

I believe I am correct in asserting that transfusion is commonly regarded as a theoretical rather than a practical operation—as one to be performed in the theatre of a hospital, but not in the country village or wayside house. With the view of facilitating the method of intravenous injection, Messrs. Maw, Son, and Thompson, have made for me a small case containing a few feet of elastic tubing, to be used after the principle of a nasal douche or syphon, canulæ of different sizes, a pair of dissecting forceps, with fine points, a scalpel, an aneurism-needle and ligatures, a graduated bottle for alcohol, and room for some saline powders. Here, within very small compass, the accoucheur has the means, with the addition of a jug of hot water, of combating very speedily the effects of alarm-

ing hemorrhage. This is, I submit, a more practical method than the transfusion of blood: here no blood-donor is required, and no risk—it may be urged a trifling risk—to a healthy life incurred.

Unilateral Inguinal and Femoral Hernia.

In the *Lancet*, Dr. J. M. Cotterill says:—

The subject of hernia is one full of interest to the surgeon; and this is mainly due to the fact that not only does considerable difficulty occasionally present itself in making an exact diagnosis, but that we so frequently meet with complications of widely different natures, such as inflammation, adhesions, strangulation, hydrocele, malposition of the testicle, and the like, giving rise in their turn to various symptoms and risks to the patient, and calling for a careful consideration and treatment of each case on its particular merits. In illustration of this statement the following case may be of some interest.

On June 15th, 1882, I was asked to see Mrs. G., aged sixty four, who was reported to be suffering from severe pain in the abdomen, persistent vomiting, constipation, and other symptoms of intestinal obstruction. The history of the case was, that eight days previously to my seeing the patient vomiting and constipation had set in, and in spite of the adoption of the usual lay treatment in such emergencies, she had grown steadily worse, the abdomen becoming somewhat tense and very painful, and the vomiting after the fifth day of the illness becoming slightly fecal in odor and appearance. Getting alarmed at her condition, she sent for medical advice, and the gentleman who saw her, recognizing her symptoms as those likely to be due to strangulated hernia, and on examination finding an inguinal hernia in her right groin, reduced it without difficulty, and left his patient, as he hoped, in a fair way to recovery. The following day, however, she was considerably worse, and symptoms of collapse so rapidly set in that at noon she was fast sinking, and by the time I reached her house, at two o'clock, she had died.

I had an opportunity of carefully examining the body after death, and found that the hernia, which had been reduced over night, and which was of the direct inguinal variety, had again protruded, owing, no doubt, to the constant vomiting; but it was easily capable of reduction, and it turned out, on inquiry, that the patient had suffered from this reducible hernia for some forty years past. At first I naturally suspected that this hernia had become strangulated, and had been reduced *en bloc*; but on making a more careful examination I discovered a small femoral hernia on the same side of the body, which had escaped previous notice, from its comparatively small size and from the great development of superficial fat over the patient's body. This femoral hernia was about the size of a walnut, tense and irreducible, and there seemed every indication that it had been the cause of death. It seems strange that it had not attracted the notice of the patient, but she had made no complaint of it, and seemed to have been unaware of its presence, referring the pain and other symptoms to the inguinal hernia lying close above it. As no medical advice was sought until two days before death, when, judging from the symptoms, gangrene of the gut and peritonitis had supervened, it is not probable, even if the exact nature of the case had been then recognized and herniotomy performed, that the case would have terminated satisfactorily.

The comparatively rare occurrence of two forms of hernia on one side of the body, and the fact that one of these, apparently the fatal one in this instance, had been overlooked, seem to render this case deserving of record.

The Action of Hot Foot Baths.

The London *Med. Record* says that Dr. Sholkovsky (*Vratsch*, 1882, No. 7) undertook a series of experiments, in order to elucidate the influence of an ordinary hot water foot bath on temperature and circulation in all remote parts of the body. The experiments (as many as 115) were made mostly on quite healthy subjects, and on few weak and anæmic persons, in the period of convalescence from various acute and chronic affections. The duration of bath varied from fifteen to twenty minutes, and the temperature between 107.6° to 114.5° Fahr.; but, as a rule, the author used a fifteen minutes' bath, at the temperature of 108.5° to 110° Fahr. The water reached nearly up to the knee. He arrived at the following conclusions. 1. Under the influence of a hot foot-bath, the temperature in the external auditory meatus gradually rises, reaching its maximum within five minutes after bath. The elevation generally oscillates between 0.1° and 0.3° Reau., but sometimes is as high as 0.5° Reau. 2. The axillary temperature in the vast majority of cases rises also, but less considerably. Its elevation mostly varies between 0.1° and 0.2° Reau., and never goes higher than 0.3° Reau. (one case of 47°). 3. The rectal temperature in the vast majority of cases decreases, reaching its lowest point after bath. The fall is persistent, and generally varies between 0.1° and 0.3°, but sometimes (2 cases of 47°) is equal to 0.4° Reau. 4. Plethysmographic measurements of the upper extremity show that the volume of the limb in the first moments of the bath rather decreases, but then begins gradually to increase, reaching its maximum approximately about the mid-time of the bath, and remaining at the maximal height to the end. After the bath, it begins to decrease very slowly. 5. The measurements of the radial tension, taken by means of Basch's sphygmomanometer, show increase of it during the bath, and the next ten or fifteen minutes. The average increase is equal to 8 millemètres, maximal to 17 millimètres, minimal to 2 millimètres. 6. The observations on the character of the pulse wave (in art. brachialis, studied by means of Rothe's and Knoll's apparatus) show that the latter presents all qualities described by Landois, Moens, Bernard, etc., as typical for a wave under high blood pressure (the more round apex, the appearance of dicrotic indentation, and of so-called elastic elevations nearer to the apex, and so on). 7. The number of pulse beats

generally increases, the maximum of the increase being 24, the minimum 3, the average 5. After the bath, the acceleration of pulse disappears rather rapidly (comparatively with all other phenomena produced by the use of hot foot-bath).

Tardy Development of Scarlatinal Nephritis.

At a meeting of the New York Obstetrical Society (New York *Med. Jour. and Obstet. Rev.*), Dr. J. F. Jenkins narrated the facts of a case as follows, and asked the Society to draw the inferences:—In a well-to-do family in Dobb's Ferry a death occurred, September 6, 1881, from diphtheria following scarlet fever. The family went to the seaside for a month, and in the meantime the house was thoroughly disinfected, regardless of expense, by an officer of the New York Health Board. During the fatal illness the mother remarked to him one day, that on the day previous another of the children had what the servant girl called nettle-rash. It was so trifling, producing no symptoms, that little attention was paid to it. After a month they returned from the seaside to the house, and remained there until January, when they came to New York, and, five months after the fatal illness, and the appearance of the blush on the child's skin, blood corpuscles and a moderate amount of albumen were found in his urine. The physician who saw him believed it to be the result of an attack of scarlet fever, which the child must have had while in the country. Was it likely that a scarlatina dating back over five months was the cause of the appearance of important renal changes?

Dr. John Byrne suggested that the nephritis might have been excited by cold. He had known nephritis to follow scarlet fever after a month, six weeks, or possibly two months, but in the present case, five months having elapsed, he should look for some other cause. Being asked by Dr. Jenkins if he did not think, had the nephritis been present after the thirtieth or sixtieth day from the appearance of the blush, it would have produced positive symptoms before the hundred and fiftieth day, he replied in the affirmative.

Dr. J. E. Janvrin had recently attended cases in which the nephritis made its appearance as late as the fifth or sixth week after the fever, but not later. In one case there was no desquamation until the nephritis developed, when it occurred on the body and extremities; in other respects the scarlatinal attack was normal.

Dr. C. S. Ward could see no reason why Dr. Jenkins' case might not have been one of progressive kidney disease, discovered at a late date.

Phosphorus.

The *Lancet* says that Meyer has been experimenting on the action of phosphorus on frogs and rabbits, employing an emulsion with gum, or a solution in 100 parts of olive oil, the alkaline reaction being carefully neutralized with carbonate of soda. A milligram of phosphorus introduced beneath the skin caused in half an hour a transient increase in the liveliness of the animal's movements. Ten milligrams caused at first excitement, but the animal died in the course of one or two days. No very striking poisonous effects were observed, however, even from the use of larger doses; a diminution of motor power and sensibility came on only after a considerable interval. Once set in, however, the symptoms rapidly increased, and death usually resulted in an hour. No tetanic cramps were observed, and the muscles and nerves after death preserved their normal irritability. The liver, as a rule, presented normal characters, and the heart was distended with blood, slight pulsation continuing in the auricles. Atropine had no influence upon it, but chemical excitants of muscle, salicylate of physostigmin, or camphor, aroused the heart to renewed activity. Further experiments led to the conclusion that phosphorus causes a paralysis of the automatic nerve centres, and later affects the muscular tissue itself. In rabbits, also, no clonic muscular contractions were observed in phosphorus poisoning, but a slow, steady diminution of the blood-pressure, which sank to zero, in consequence of the arrest of the action of the heart. The vaso-motor nerves were not at all affected. Cases of phosphorus poisoning in man have been observed, in which, without any considerable disturbance of the general system or of the central nervous system, death occurs suddenly. Meyer is inclined to regard these as cases of paralysis of the heart, for he succeeded, by introducing phosphorus directly into the circulation, in causing complete paralysis of the heart, before any pathological change had been produced in the heart or liver which could be discovered after death. To exclude the possibility of embolism in these cases, special precautions were taken. An analysis of the blood of rabbits which had been poisoned by phosphorus showed that the amount of carbonic acid which could be extracted had diminished from 50 to 80 per cent., and he thus corroborates the diminution in the process of oxidation in the body and the increased destruction of albuminous bodies.

Writers' Cramp.

The *British Medical Journal* says that Professor Nussbaum, of Munich, has recommended a new method of treatment for this lamentable condition. Considering that, whatever the site of the malady, there is always a spastic contraction of the flexors and adductors, with a weak condition of the extensors and abductors, he set himself to contrive a pen holder that should be directed by the extensors and abductors, instead of the flexors and adductors. This he believes he has accomplished in what he terms a bracelet. This bracelet is a stiff band of gutta percha, oval in shape, about $\frac{1}{8}$th inch thick and $1\frac{1}{4}$ inch broad, having a long diameter of about $3\frac{3}{4}$ inches, and a short of $1\frac{1}{4}$ inch. It is therefore wide enough for all five fingers to be slipped into it, but in using it, the thumb is only just entered, the fourth finger is entered almost as far as it will go, and the little finger is left outside. It is evident that the

bracelet can be held firmly only by expanding the fingers strongly, that is, by the use of the extensors of the first four fingers, and the abductor of the thumb. To this bracelet the pen is screwed, so as to be in contact with the paper when the hand lies on the table. The instrument is made in different sizes, by Stiefenhofer, of Munich. In order to collect a large experience, Professor Nussbaum advertised in the newspaper the gratis treatment of writer's cramp, and had, accordingly, a considerable number of well marked cases. He states most absolutely that every one of these cases at once wrote easily and distinctly with this instrument, not a trace of spasm appearing in any one of them. All expressed themselves as feeling specially comfortable in using it, and some of the patients, after a time, acquired the feeling that they could again write in the ordinary way, without fear of spasm. Professor Nussbaum commends the treatment, therefore, in his preliminary notice of it, for trial by those who have such cases under their care. As we have said, it is extremely simple, and has this very strong recommendation in its favor, that in place of the patient being forbidden to write, he is encouraged to write with the instrument as much as he possibly can, in order thereby to strengthen the antagonists of the muscles liable to the spasmodic contraction.

Veratrum Viride in Puerperal Eclampsia

Dr. N. L. Guice read a paper on this subject at the last meeting of the Mississippi State Medical Association. After reciting several illustrative cases, the author offers the following conclusions.

1. Given hypodermically, in such quantities as will reduce the pulse as low as 60 to 80 beats per minute, the effect upon the spinal nervous centre is such that the convulsive paroxysms are arrested.

2. So long as this effect is maintained by the judicious use of the remedy, the convulsions will be held in abeyance.

3. The convulsions being thus completely within the grasp of the practitioner, time is given, in cases where the labor is progressing, for its safe completion by the natural forces.

4. Where eclampsia has supervened upon gestation, at any period prior to its completion, or at the end of the same, but prior to the inception of labor, the use of the veratrum viride will, by suspending the convulsions, give abundant time for the induction of labor by gentle and safe means, and for its completion by the powers of nature, thus doing away with the necessity for speedy and forcible delivery and the dangers attending that process.

5. Veratrum is easily and safely administered; it does not produce stupor or otherwise interfere with the intelligence of the patient, and thus enables the attendant to form a better idea of the actual state and progress of the disease.

6. It is believed that if the profession will *fairly test* the powers of veratrum in puerperal eclampsia, it will be found to possess marked advantages over all other remedies now in use for that disease.

7. The well-known action of veratrum viride as a *powerful spinal depressant*, coupled with its admirable efficacy in controlling the spasms of puerperal eclampsia, *should lead to a rigid test of its powers against* that painful and fatal disease—*tetanus*.

Amputation of Both Legs Without the Use of Ligatures.

Dr. J. H. Blanks reported the following cases to the last meeting of the Mississippi State Medical Society (*Transactions*):—

Willie D., aged 18, in attempting to get on a locomotive while in motion, received a compound comminuted fracture of the left leg at the lower third, almost severing it, and a crushing injury of the right foot.

He willingly consented to amputation of the left foot, but as there was but very little external laceration of the right, he insisted that an attempt at least be made to save it. This we had but little hope of accomplishing, as the bones were crushed, with evidence of extensive injury to the soft parts and laceration of the blood vessels, but as he would not consent we made the attempt.

He was put under chloroform; then, with the assistance of Drs. Kirkland and Lowry, the left leg was amputated at the junction of the middle and lower thirds; the tourniquet was then relaxed, but no spouting or pulsation at the stump followed, although there was good pulsation at the popliteal space. We waited an hour or more (for hæmorrhage); patient was fully from under the chloroform: and then brought flaps together, and applied the usual dressing; left tourniquet in position for another hour, with instructions to nurse should hemorrhage occur, but none occurred. The arteries were not tied and union by first intention, almost, was the result.

Profuse sloughing and offensive suppuration at last convinced my patient that the other foot was lost, but not until septicæmia was well developed.

On the 23d day the right leg was amputated at the point corresponding with the first, with similar results. No vessels ligated; no hemorrhage, and union by first intention.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The extended use of iodoform in surgery is highly commended by Dr. David Prince, in a reprint from the St. Louis *Medical and Surgical Journal*.

——In "A Practical Laboratory Course in Medical Chemistry," Dr. John C. Draper has arranged a number of notes for his students, with intervening blank leaves on which they can be extended from his lectures. The plan is a convenient one (Wm. Wood & Co., New York).

——To the Guiteau literature is to be added "Reflections on Criminal Lunacy, with Remarks on the Case of Guiteau," by Dr. Charles K. Mills (reprint from Trans. Penna. Med. Soc.). He is of opinion that G. was insane, and should not have been hanged. Criminal convicts, he thinks, should be treated in asylums especially for their care.

——In a recent reprint, Dr. C. L. Dana, of New York city, discusses "Some Points in the Physiology of Digestion." His conclusion is that peptones are valuable, but more because they contain much nutriment than because they are very absorbable. They increase metabolism. Pancreatic extracts have not been proved to be of value when given medicinally, and they are probably destroyed in the stomach. They may be of use, he thinks, in partially peptonizing foods before such foods are used.

BOOK NOTICES.

The Physician's Pocket Record and Visiting List. By S. W. Butler, M.D. Revised for 1883. 30 patients, $1.50; 60 patients, $2.00.

Of the numerous visiting lists in the market the above has won a large share of patronage from the profession. It has the advantage over all others, that it can be commenced at any period of the year, and will continue useful for twelve months, whereas most others become as useless as an old almanac after the calendar year for which they are designed expires. The "spring clasp" is also highly appreciated, on account of its greater security and convenience.

To those who have not as yet made trial of this list, we recommend that they provide themselves with it for the year 1883. It contains many memoranda and tables of daily usefulness, and compactly and accurately presented.

Questions in Anatomy. By Samuel O. L. Potter, M.D., etc. With 63 illustrations. Philadelphia: P. Blakiston, Son & Co., 1882. Cloth, 8vo, pp. 139. Price $1.00.

This is No. 1 of a projected series of "Quiz-compends," by various authors, designed to help students through their various trials and troubles before they can reach the proud title of M.D. They are an improved form of the ancient "Neill & Smith's Compend," and the various "Aids," and "Vest Pocket Guides," which have, time out of mind, been favorites with students. They are not to be condemned, although they often are. Properly used, they fill a respectable niche; relied upon too exclusively, they are detrimental to sound learning. Of the kind, this is an excellent specimen, as good as any we remember to have examined.

A Guide to Therapeutics and Materia Medica. By Robert Farquharson, M.D. Third American edition. By Frank Woodbury, M.D. Philadelphia: H. C. Lea's Son & Co., 1882. Cloth, 8vo, pp. 526.

The fact that a third edition of Dr. Farquharson's work has been called for in a comparatively short time after the second had been issued, is very satisfactory evidence that it is a book which has solid merit. All will acknowledge this on examining it. The author is a concise, clear writer, and condenses much information in little space. The additions of the American editor are large in amount, and selected with great discrimination.

In his preface to this edition the author notes the comparative lull in therapeutic investigation during the last two years. He does not think that much of value has been added during that time. It is to be hoped that this is but a temporary delay in the onward march of this important branch of our art.

Microscopical Diagnosis. By Chas. H. Stowell, M.D., and Louisa Reed Stowell. Illustrated. Detroit: Geo. S. Davis, 1882. Cloth, pp. 250.

Dr. Stowell begins his volume by a sweeping statement, which we must protest against as untrue. It is this: "The great majority of the medical colleges of this country * * seek to prejudice the students against the scientific investigation of disease." Apparently he refers to the use of the microscope in disease. But certainly he is very far from correct in this statement in any sense, and for the credit of our country and profession we cannot pass it by in silence.

The book is divided into three parts: the first by Dr. Stowell, on the use of the microscope in examining blood, epithelium, muscle, urinary deposits, parasitic disease, tumors, etc. The second part is upon the examination of vegetable fibres, wheat, drugs, etc., and is, we understand, the result of the observations of Mrs. Stowell. The third part is on the mounting of microscopic objects. The text is illustrated with 148 wood-cuts and 47 figures on stone.

The descriptions are clear, and the value of the microscope is set forth with much force and precision. All who are interested in professional progress should familiarize themselves with the practical use of that instrument, and there are few better treatises than this one, to assist them to that end.

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PHYSICIANS AND POLITICS.

"It is no wonder," said a lawyer of political prominence to us, some time since, "that you doctors do not carry through the various measures which you all think are necessary for the public health. As a class, particularly as a leading class in learning and social influence, you take less interest in politics than any other. Therefore, it comes that when you want to influence a political body they set but small value on your arguments, because you don't count for much in political life."

This is a fact, and it may be of some interest to enquire why it is.

It is, indeed, more prominently the case in the United States, perhaps, than in any other constitutional country, that physicians shun the political arena. European states count not a few medical men of great distinction in the elective bodies. Professor Virchow, the profound pathologist, has just been returned to the Prussian House of Delegates, by 852 votes against his rival's 153. This rival was Court Chaplain Stœcker, while Virchow is a radical and progressionist. Dr. Lœwe is another Berlin political physician, also recently elected by a sweeping radical majority. In Italy, Professor Mantegezza is no less famous as a medical teacher than as a senator and active worker in politics. The names of Trousseau, Nélaton and other eminent French physicians, were equally familar in the tribune and the forum. Those who have studied in the great medical schools of Paris, Berlin or Vienna, must have noticed the much more active interest in politics among the students than in the colleges of our own land.

This difference is partly attributable to our greater political freedom. Politics is more distinctly a career with us than elsewhere, and unless one pursues it as a career, there seems not much more reason for a man interesting himself in it than in any other business not his own. With us, it is not an appeal to prejudice, so much as a discussion and debate, and hence requires study and preparation.

Another reason, doubtless, is that the reading, the daily pursuits, and the private studies of a physician lead him quite away from the sphere of political life. Most of his patients are women and children, and books of science are grandly indifferent to the struggles of parties.

Still further, as the visits of the physician are not to the house of joy, but to the house of mourning, not to the active worker, but to the bedside of the sick and disabled, courtesy and prudence combine to lead his thoughts and words away from the exciting contests of the day, to narrower and sadder interests. The introduction of political disputes at the bedside is in extremely bad taste.

As a mattter of policy, it is as well for the physician to avoid violent partisanship. He can gain few friends by it, and is sure to lose many. Of course, he may entertain very positive views, and support them at the polls, but their expression at other seasons is of more than doubtful wisdom.

Politics, moreover, cannot be pursued with us

with any success, unless considerable time is devoted to it. But there is certainly no business which suffers more quickly from neglect and irregularity in attention than that of the physician. Hence, he is peculiarly debarred from seeking prominence in it.

In some respects it is to be regretted that these things are so. Had we more physicians among our eminent political leaders, many medical and hygienic reforms would be brought about promptly that must now wait years, decades, or generations; yet we cannot say that we should recommend any young physician to include political distinction among his dreams for the future.

BACTERIA AND CHRONIC DYSENTERY.

In a recent number of the *British Medical Journal*, Dr. James Mackie, of Egypt, contributes an interesting article on Bilharzia Hæmatobia.

It seems that the natives of the interior of Egypt are very frequently troubled with an affection of the rectum, presenting at times many of the characteristics of "piles" or "dysentery," and sometimes they complain of "constant pain and weight in the rectum, with tenesmus."

When closely inquired into, these cases do not present the history of ordinary dysentery or hemorrhoids, but rather resemble a mild form of malignant disease.

If the forefinger is well introduced into the rectum, small, soft, but firm nodules can be felt, often very numerous.

These tumors can be easily twisted off with small, hemorrhoidal forceps, and when placed under the microscope, the blood vessels are found filled with the ova of Bilharzia Hæmatobia.

Now, cannot our own chronic dysentery, that proves oftentimes so obstinate, and in many cases so dangerous to the aged and enfeebled individual, be produced by a similar cause?

Every physician in active practice has more than once had under his care old men suffering from chronic dysentery, upon which drugs would have no avail.

We would suggest to those of our readers who are fond of microscopy, that they would find instruction surely, and might be so fortunate as to make a very valuable discovery in pathology, were they to make a rule of carefully examining the evacuations from these cases. A small shred of rectal mucous membrane might be scraped off with the finger nail and placed beneath the microscope; and no possible chance of obtaining a post-mortem upon one dead of chronic dysentery should be neglected.

Let some one tell us that chronic dysentery is caused by the presence, in the mucous follicles of the rectum, of vegetable parasites, setting up and maintaining an exhaustive inflammation therein.

Let us know the nature of this enemy, and some one will soon discover a means for exterminating it.

The strong resemblance between the symptoms of chronic dysentery and this irritation of the Egyptian bowel, would seem to point to the supposition that the former as well as the latter might be caused by the presence of a parasite.

We are not *bacteria-mad;* but we do see great reason for the suggestion we have made, and feel sure that the search recommended will prove beneficial, in a general way, to the searcher, even though he may fail to make the specific discovery.

PILOCARPIA IN BRIGHT'S DISEASE.

The medical journals for some time past have had more or less to report concerning the use of this comparatively new drug in Bright's disease.

Some apparently wonderfully favorable results have been recorded, while again disastrous failure has been the termination.

That pilocarpia has a definite and permanent place in the therapeutics of Bright's disease, appears to be a well established fact, but the exact nature of its position seems to be but vaguely understood.

Let us start out with the general statement that you cannot *cure* a chronic disease that is dependent upon an absolute alteration of the

tissue of the organ involved; to more specifically illustrate, let us say, that when a certain amount of the tissue of a kidney has undergone waxy, fibroid, or fatty degeneration, no human power or agency can restore it to its original normal composition. Therefore, when such changes have taken place, we must perforce consider the patient afflicted with *chronic degenerative disease* of the kidneys, which, from its very nature, is *incurable.*

But now we are taught by those who have made special study of renal diseases, that this degeneration is oftentimes preceded by an acute disease of the organ, which, passing into the chronic state, becomes incurable.

In the chronic form of the disease, owing to the altered condition of the organ, a part of its ability to perform its duty is lost; in the acute form the same condition obtains.

So, then, we have two conditions of the same disease, the acute and chronic, the one curable, the other not. Now what are the indications for treatment? In the one case you want to cure; in the other you can only palliate.

Remember, that when you offer her favorable conditions, nature always tries to cure, and that the main condition which she imperatively demands is absolute rest of the affected part.

To rest an acutely diseased kidney, you must resort to the well-known compensatory function of the skin. Here comes in the curative action of pilocarpia. If, when you are called upon to treat a case of acute Bright's disease, you will first put the patient to bed and give him sufficient pilocarpia to keep the skin working actively, you will thus rest the kidney and enable nature to return it to its normal condition. This treatment should be continued until all evidences of the disease have disappeared.

In chronic Bright's disease, drugs have but little value, save in emergencies. It is universally admitted that the *hygiene* is of far greater value than the therapeutics of chronic kidney disease. When a man suffering from the chronic disease gives evidence of uræmic poisoning, which indicates that the kidneys have failed to remove a sufficiency of urea, then will the power of pilocarpia prove of great value in forcing the skin to eliminate this deadly poison. In uræmic convulsions hypodermic injections of pilocarpia have been used with most satisfactory results.

Thus, then, we can understand that in the acute disease pilocarpia possesses what may be called curative powers, and that in the chronic form it is a most excellent palliative, and can be relied on in many emergencies. This drug is one of the most active and reliable diaphoretics that we possess, and will therefore prove useful wherever free action of the skin is desired.

CHANGES IN THE SECRETION OF MILK UNDER INFLUENCE OF MEDICINES.

A few numbers ago the MEDICAL AND SURGICAL REPORTER mentioned some experiments recently made to determine the influence certain medicines may or may not exert on the composition of the milk, when the drugs are given to the nursing mother. Dr. M. Stumpf has now instituted still more researches in this direction. He made his observations in the Medical Clinical Institute, of Munich, and published his results in the *Deutsch. Archiv f. Klin. Med.* xxx, p. 201.

The investigations were mainly made upon a young goat, the feeding of which was carefully regulated. The influence of iodide of potash, ethylalcohol, lead, salicylic acid, morphia and pilocarpia were employed, and their effect noted concerning quality and quantity of milk; the transfer of these drugs to the milk was also specially examined into. The results were as follows:—

1. Iodide of potash diminishes, salicylic acid augments (probably) the quantity of milk; alcohol, morphia and lead produce no change in the quantity of the milk, while pilocarpia does not enhance the secretion.

2. Salicylic acid augments the percentage of sugar in the milk, alcohol the fatty portion; lead, morphia and pilocarpia leave the milk unchanged in this respect, while iodide of potash disturbs the function of the mammary gland and causes a change of all the parts of the milk.

3. Iodine, united to casein is transferred to

the milk, but the quantity of the drug is subject to individual peculiarities, changing in different animals of the same species. In women the iodine disappears again in the milk as soon as its administration ceases; in herbivorous animals the medicine is found for some time after cessation of introducing the drug into the system, still in the milk.

4. Alcohol is not transferred; of lead, salicylic acid and the other remedies named, only traces were found.

Notes and Comments.

Turpeth Mineral in Croup.

Dr. Fordyce Barker, of New York, places great reliance on this drug in croup. Dr. E. R. Duval, stated, at the last meeting of the Medical Society of the State of Arkansas (*Transactions*), that "For twelve years, after the manner of Dr. B., I have been using the turpeth mineral in the treatment of this disease, and I have, since the adoption of this plan, lost no case of croup.

My treatment has been, immediately upon being called to a case, without stopping to interrogate very closely as to whether I have a croup reflex, catarrhal, or true croup, to administer at once a dose of the agent (from two to five grains, according to age) in honey, syrup, or sugar of milk, and if there is no decided emesis within fifteen minutes, to repeat the dose; and I have never known it to fail to vomit at the second dose; almost immediately a satisfactory response is secured by the first administration. The vomiting is usually free, without effort and without depression. The powder is tasteless, small in bulk, prompt in action, and thorough in effect.

The virtues claimed for it are sedative and revulsive. "It depletes the mucous membrane by an abundant secretion of mucus, which is thrown up; it removes from the larynx, by the forced expiration which it causes, any albuminous or fibrinous exudation which may be there in a diffluent state, and which by remaining may become, subsequently, pseudo-membrane; it acts as a powerful revulsive, and thus diminishes the capillary circulation in the trachea and larynx; and thus it becomes a most effective agent in arresting the inflammatory forces."

If the croup persists after removing the causes of reflex action, then, of course, other therapeutic agencies will need to be essayed; but throughout the attack, be it short or long, whenever the breathing becomes suffocative, from the accumulation of mucus in trachea or larynx, I give the turpeth mineral in the manner and according to the conditions and plan above designated.

The Treatment of Hydrophobia with Curare and with Pilocarpia.

During last month two important contributions to the therapeutics of hydrophobia have been published; one by F. Penzoldt, on its treatment with curare, in No. 3 and 4 of the Berlin *Klin. Wochensch.*, 1882, and one by Denis-Dumont, on its treatment with subcutaneous injections of nitrate of pilocarpia, in the *Gaz. Med.*, No. 24, 1882. We bring the cases as they are reported by Dr. Bernhardt, in No. 32 of the *Cbl. f. d. Med. Wissench.*, 1882, referring our readers, for more details, to the originals.

A boy, aged 11, having been bitten in the lower lip by a dog, became attacked by lyssa on the 11th day. The dog died four days later, but without showing at the post-mortem any characteristic signs. From this may be inferred, that the bite of dogs, even during the period of incubation of hydrophobia in them, or that any bite of any dog has to be considered suspicious. Regarding the period of incubation of this disease in the human being, Penzoldt found that if the bite took place in the hand or arm it was 84 days; in wounds of the face usually 48 days; in the present case remarkably short, 11 days only. Besides the usual well-known prodromic stages Penzoldt considers frequent sneezing as an indication. The case was treated with curare, which, while it acted undoubtedly as a powerful palliative, could not prevent the fatal end.

Dumont's case is as follows: April 16th, of this year, a shepherd, his wife and child, were bitten by a mad dog. The wife died, under symptoms of hydrophobia, May 20th; the boy showed no symptoms whatever. The shepherd was attacked with all the symptoms of hydrophobia (spasms) on May 22; on three successive days, one-sixth of a grain of nitrate of pilocarpia was subcutaneously injected, and the patient totally recovered. Dartigues de Tryol is said to have made similar observations regarding the effect of this remedy.

As a great many remarkable cases, reported in French journals, so this one appears to us somewhat "fishy," and we give it to our readers for what it may be worth, as any contribution to the therapeutics of hydrophobia will be welcome. But we remember that some time

ago very careful observations were made in the celebrated veterinary school of Berlin, regarding the effect of pilocarpia on hydrophobia. It was found to be utterly useless, augmenting, if anything, the disagreeable spasms. It is really a pity, that 99 out of 100 wonderful cures reported in French journals, will nowhere have such effect as in France. *Sapienti sat!*

Partial Resection of the Bladder.

If we are not mistaken, it was Vincent who first wrote an exhaustive treatise on partial resection of the bladder; his work on this subject at least, is well-known. Dr. Ad. Fischer (*Arch. f. Klin. Chir.* xxvii, p. 376), has now made this operation eight times on dogs; five of these cases had a favorable issue. As the details coincide with those of Vincent, we will mention of F's experiments only a few rather important points. He makes use, for the closure of the wound, of a rather peculiar suture, which, to best designate it, might be called an uninterrupted button-suture. He gives, further, the following indications for partial resection of the human bladder with consecutive button-sutures. 1. Injury of the bladder, which cannot possibly heal by first intention. 2. Diverticle of the bladder. 3. Prolapsed bladder-hernia, causing unbearable difficulties, or in case a stone should be present in the prolapsed part. 4. General dilatation of the bladder in a high degree, the cause of which may be removed. 5. Benign and malignant new growths. 6. Diverse kinds of fistulæ of the bladder. 7. Ulcers of the bladder, not to be removed by mechanical treat ment, of whatever kind, and where the endoscope shows the threatening rupture.

We think, he might have added another indication; rupture of the organ due to an injury. Here this operation, if performed in time, would undoubtedly find its most important indication, *i. e.*, if the correct diagnosis is possible.

The Radical Cure of Empyema.

As in every cold climate, so in Riga, many cases of pleurisy took place during the years 1878 to 1881. Dr. J. Hampeln had the opportunity of observing a large number of such cases, and he published the reports in the *Ztschr. f. Klin Med.*, iv., 82, p 248. As a result of his great experience he has adopted the following views:—

He prefers in empyema a broad opening of the pleural cavity and partial resection of a rib, with antiseptic after-treatment. To avoid the dangers of this operation he recommends to make first an incision into the skin, and then to puncture the cavity with a flat, bent trocar, constructed by himself. The best place for the operation is near the fourth or fifth costal interspace. Only in case of putrid exudation he makes use of a five per cent. carbolic acid solution to wash out the cavity. Hampeln sums up his experiences as follows:—

A primary or secondary pleurisy of adults, and following some other acute disease, indicates by itself the formation of a thoracic fistula; only in case of very great exudation and of intense dyspnœa, due to the former, and threatening life, provisional puncture may be had recourse to, as a palliative.

2. The earlier, after the acute stage has passed, the thoracic fistula is made, therefore (from two to three weeks), the more favorable will be the issue of the case.

3. In recent empyema the formation of the fistula by puncture is sufficient; in old empyema, however, or when a fistula is in existence already, generally the resection of a rib is necessary.

4. In empyema of children simple puncture should always be tried first, as a curative agent.

5. The most successful after treatment is an antiseptic occlusive bandage.

The Excretion of Strychnia by the Urine.

There has been, perhaps, no fact which has caused so much dispute as the manner in which strychnia is excreted from the body, and if it is chemically decomposed or not. A few months ago, in Gratz, suicide was committed by strychnia. The attending physician reported that he had found the strychnia in the urine. This led to a dispute in the medical journals.

To decide the question, Dr. J. Kratter (*Sep. Abd. Wien. Med. Wchft*, 8, 9, 10, '82; *ref. Deutsch. Medizinal Zeit.*, Aug. 10, '82) has instituted a number of experiments. He gives, what others have usually omitted, all the details of his investigations, and especially the test employed, which was Dragendorff's method. Urine is acidulated with diluted sulphuric acid, in the water bath boiled down one-half, alcohol added; boiled; when cold, filtered, washed with alcohol and the quantity of fluid narrowed down. The acid solution is then shaken with chloroform, the aq. ammonia added, and the same done with the ammoniacal solution. The other process is the usual one. At last, on a watch glass, concentrated sulphuric acid and bichro-

mate of potash form the reactions. Beautiful violet stripes are noted wherever the latter comes in contact with strychnia.

The results of these experiments are as follows: Strychnia, no matter how introduced, is rapidly absorbed and excreted totally unaltered by the urine. This excretion begins already within the first hour after the introduction of the drug into the system, and is ended, latest, within 48 hours, when the last trace of the whole dose can be demonstrated in the urine. The idea of some, that strychnia was deposited in the liver, is not tenable and neither probable. Any accumulative action may simply be explained by the fact that a new irritant acts on the nerve centres, the former irritation of which had not totally ceased as yet, and equilibrium not having been reëstablished before a new dose disturbs it *de novo*.

Misleading Symptoms of Serious Cerebral Disease.

The *British Medical Journal* reports an instructive case that occurred in the London Hospital. A boy, aged 15, diving into the river, struck his head on the bottom. Upon admission he was dull, semi-unconscious, complained only of headache, and seemed to be suffering from slight concussion of the brain. Rest and ice to head was the treatment. In three days he was well enough to go home, but in the evening (before being discharged) was attacked with severe headache, pupils dilated, no paralysis, and speech became difficult. There was now noticed a slight purulent discharge from the ear. These symptoms increased, and the boy, becoming comatose, died the fifth day after admission.

One of the patients in the ward was told by the father of the boy that a discharge had been present before admission, for which he had been under treatment outside, and also that he had previously suffered for some time with headache. This was the first intimation that the boy had been out of health, notwithstanding inquiries made of the friends.

On *post-mortem* examination, the dura mater was found adherent to the brain posteriorly. In the left parietal and temporal region was a blackened spot covering a large abscess-cavity reaching as far as, though not entering, the ventricular space, and containing a considerable quantity of very foul pus. The temporal bone was necrosed, and pus found between that bone and the dura mater.

The coincidence of the injury and the brain-mischief is obviously of much interest, as, supposing the boy had been allowed to go home and then died, it would have been impossible to convince his friends that his death was not due to the injury, and that there had been culpable want of care.

Pathology of Measles.

The celebrated authority on diseases of children, Prof. Henoch, in Berlin, communicates the following instructive case to the Berlin *Klin. Wochenschrift*, 1882, No. 13.

In a girl, aged 4, the eruption of measles during the first two days was normal; but on the third day (the fever continuing uninterruptedly), all over the body, large vesicles (from the size of a hazelnut to that of a silver dollar) made their appearance, filled with a yellowish serum. The eruption of measles assumed a dark red, hemorrhagic form. The vesicles could be seen, not only over the measle-exanthem, but also on parts of the skin otherwise perfectly healthy. After cessation of the vesicular eruption, on the fifth day, the fever abated, but between the sixth and seventh days the temperature ascended again to over 40° C., and a fibrinous pneumonia in the right lower lobe developed itself, which on the eighth day caused the death of the child. A post-mortem examination was not permitted.

Henoch considers the case to have been one of morbilli complicated by pemphigus acutus, and not, as Stemmer (*Cbl.* 1874, p. 575) contended, in a similar case of his own, as the product of a dermatitis morbillosa developed to the highest degree.

We only wish to remark, that the vesicles should have been examined for bacilli. Not long ago we reported in this journal several cases of diabetic persons, where the sudden breaking out of abscesses was found to have been caused by bacteria. We do not doubt that, from some cause or other, micro-organisms of a special type found their entrance into the circulation and gave origin to the pemphigus eruption. We have further, here, again the proof that two diseases may coexist with each other.

Treatment of Writers' Cramp.

A writing teacher, Wolff, in Frankfort, has described a method to cure writers' and piano-players' cramp. His procedure has been tried and greatly praised, especially by Vigouroux. In a late number of the *Deutsch Mediz. Zeit.* (1882, No. 9), Dr. Theo. Schott contends for himself and his brother the priority. As the method is not known, as yet, in our country, we

will describe the same according to Prof. Bernhardt, in the *Centrlbl. f. d. Med. Wiss.*, 1882, No. 33.

It consists in the combined employment of gymnastics and massage. Gymnastics are first practiced by the patient himself. Once or twice daily he has to practice with his fingers, hands and arms, in the order named, and in such a manner that flexions, extensions, ad- and abductions are carried out six to twelve times, with force; the whole procedure occupies about half an hour. Then the same motions are practiced, but each time inhibited by a second person; this has to be done in a very regular, even manner; this part of the method should also be practiced about twice daily. After this, once daily, massage of the muscles and nerves of the arm is practiced; here the work has to be an ascending one, from the periphery toward the centre (to the plexus axillares and cervicalis), and contusions have to be carefully avoided. During the six to eight weeks of this treatment, writing, piano-playing, etc., have to be totally omitted. The cure seems to be certain and lasting, which is very important, as all other methods of treatment have so far been unsuccessful.

Rupture of Liver.

In the *Lancet*, Mr. Sansome reports the case of a man, aged forty-six, who was admitted into the hospital on account of an injury. He was suffering from severe shock, his features being pinched and sallow, surface cold and pulse feeble. There were no marks of violence about the body, and the conjunctivæ were not discolored. The area of hepatic dullness was somewhat extended posteriorly. Hot fomentations were applied, opium administrated internally and milk only ordered. The day after admission he suffered acute pain and nausea, the shock seemed intensified, and stimulants were ordered, but without avail. About 8 P.M. all pain ceased and he expressed himself much better. At 11 P.M. delirium supervened, he rapidly sank, and died at 12.30 A.M. the next morning. The autopsy revealed a large quantity of clear, bloody fluid in the abdomen and on the posterior border of the right lobe of the liver a gaping, jagged wound, three inches in length and one inch in depth at the center. Three inches anterior to this was another wound, two inches long and about one-twelfth of an inch deep. The gall bladder and duct were uninjured. The patient lived thirty-six hours after the receipt of injury.

Treatment of Contracted Finger.

In the *Lancet*, Dr. Edward Bellamy describes the case of a powerful man who some months ago scratched his little finger with a meat-bone. The usual train of symptoms followed, and when he saw him the tip of the little finger was so tightly approximated to the palm that no force could separate it, and strong fibrous bands corresponding with the primary flexures were readily observed. He divided the bands with a von Graefe's iridectomy knife, and extended the fingers forcibly. No good came of this proceeding. He subsequently placed him under an anæsthetic, and carefully and thoroughly extirpated the entire cicatrical tissues, and divided the tendon, with antiseptic precautions. The finger was carefully retained in the straight position, a metal circlet was made for the wrist, and a piece of stout steel clock-spring welded on to it. This steel spring was carried up the dorsum of the finger and suitably attached to it. By its tension it effectually kept the parts on the stretch, and when the wound had healed, passive and active movements, conducted by the patient himself, brought about an excellent result. The finger is as straight as the others, and will be, no doubt, ultimately quite as useful.

Action of Kava.

The natives of the Figi Islands prepare, out of the root of Piper Methisticum, an infusion, which they call *kava*. They prefer the old, dried root, as the fresh root has a disagreeably acrid and bitter taste. The root is worked with water to a pulp and filtered, a cold infusion therefore, and appears then as a turbid, brown fluid, which is refreshing and stimulating, very similar to coffee. It has, besides, a constipating influence, and the over indulgence in it is said to cause enlargement of the liver. Dr. L. Kesteven (*Practitioner*, 1882, p. 199), who has specially investigated this remedy, speaks of a decidedly favorable action of the drug in disturbances of the genito-urinary organs, especially in chronic gonorrhœa, and in chronic cystitis it is said to be almost a specific, and has been used as a remedy in the former disease for many years, with success, by the natives, who rarely, in such cases, have recourse to civilized physicians, but who cure themselves by this drug, which is taken only internally. They live first on a mild diet, take something to purge, mostly Glauber salt, and then, when the acute stage is passed, employ kava. Ten to twelve days is the usual duration of a case of blennorrhœa, with them.

Transient Albuminuria.

As many others, Dr. Kinnicut (*Centralbl. f. d. Med. Wisch.* 33, 1882, ref. by Senator from *Arch. of Med.* 82 vii, 1), has frequently found in apparently perfectly healthy persons of youthful age, and without any disease whatever having preceded it, albumen transiently in the urine. But what is interesting, he noted at the same time a very strong excretion of oxalic and uric acids. He thinks that the cause is, that transiently a large quantity of imperfectly oxidized, nitrogenous material is present in the blood, and that there exists also a vasomotor disturbance, especially in the kidneys, producing the excretion of these products of abnormal digestion. Dilatation of the blood vessels and slowness of the circulation of the blood may also cause a transient disturbance of the epithelium of the glomeruli, a view Heidenhain first expressed. He finds the proof for his assertions in the occasional presence of albuminuria, oxaluria and lithuria ("sediment of urates, litbates), in nervous persons" and under nervous conditions.

How he explains his transient presence of "a large quantity of imperfectly oxidized nitrogenous material," etc., he omits to say; a well-known way of escaping an explanation of something we do not know. But this is the pivotal point of the whole, the *omnium causa* here.

Blue Marks and Pediculi.

The *Lancet* says that some years ago, a French naval surgeon, M. Mowson, pointed out the fact that blue or dusky spots were often found associated with pediculi pubis. Subsequently, M. Duguet succeeded in producing these blue spots by inserting beneath the epidermis a small quantity of a sort of paste made of bruised pediculi. Further observations by M. Mallet, make it probable that the substance producing these spots is contained in the salivary glands. By means of fine forceps, the head of a pediculus was torn off and inserted beneath the epidermis of the fore-arm and near it the rest of the louse was similarly inserted. Next day a blue mark was distinct around the body of the insect, but not around the head. In another experiment a small mass came away from the body of the insect with the head, and in this case the dusky spot developed around the head and not around the body. Further experiments showed that the coloring agent was situated in the body opposite the anterior pair of legs, and at this level it is known that there are two pairs of salivary glands. M. Duguet has pointed out some curious facts regarding the resistance of some persons to the action of the salivary juice and the influence of season on the coloring power of the insect. The blue spots are far more abundant in February, March, and April than in other months.

Correspondence.

A Query About Cowpox.

Ed. Med. and Surg. Reporter:—

Was cowpox communicated to cattle by smallpox virus, or is cowpox a disease as original and peculiar to cattle as smallpox is peculiar to the human family?

"Cowpox is a disease of the cow, arising spontaneously." Dunglison.

This, according to "Webster," would indicate that the disease occurs in cattle without being planted, or inoculated; proof of this is perhaps found in the following:—

Dr. Jenner first caught a glimpse of this great truth (vaccination), which he thoroughly investigated, among the expiring embers of that epizöotic disease (cowpox) which laid waste the herds of this country toward the end of the last century." Aitken.

Cowpox does not occur in the human being except by inoculation, nor does it, when communicated by inoculation, prove fatal to the human family. This latter fact compared, then, with the fact that herds of cattle were laid waste by the disease, it seems to me, would indicate that the soil or system peculiarly adapted to the disease, and in which it may be really at home, is that of the cow and not the human system. Another fact which would indicate that the natural conditions of system for cowpox is not the human system, is the deterioration of the cowpox virus when propagated successively in the human being. And now, if cowpox had once been smallpox, would not bringing the disease in the form of cowpox back into the systems of human beings have a tendency to render the virus, by often repeated vaccinations from person to person, more effective, rather than to deteriorate it. This it seems to me is some evidence that cowpox probably never originated from smallpox.

Smallpox may be communicated to cattle by inoculation though not without some difficulty. It is said instances are on record where the disease was communicated by covering cattle with sheets upon which smallpox patients had lain. Also by cattle grazing where bedding infected with the disease had been spread from time to time, and other instances, and many if not all (except the inoculations) were perhaps genuine cases of cowpox, occurring accidentally in a vicinity where smallpox existed. Smallpox when propagated on the cow, like cowpox when propagated on the human system, loses its virulence. Here is another evidence in favor of cowpox never having originated from smallpox.

The diseases are similar, but I believe not just identical. If they were properly identical, there would be no deterioration by transmitting cowpox to human beings, and vice versa.

Deterioration is the rule where cowpox is propagated on the human system; deterioration is the rule where smallpox is propagated on the cow; no deterioration of virus or disease where cowpox is propagated on the cow. No deterioration where smallpox is propagated on the human being, all things and conditions being equal. Nothwithstanding all these facts, such authorities as Meigs and Pepper say the vaccine disease is an affection produced by the inoculation of the virus of variola, modified by passing through the cow. The proofs which exist as to the truly variolous nature of the vaccine disease in the cow are altogether incontestable, so that we must regard the vaccine disease in the human subject merely as a remarkably modified form of variola.

Now these are excellent authorities on diseases of children, but may not they err? "To err is human." In appearance does not the severely typhoid condition of various diseases closely resemble the specific typhoid fever, and yet they are very different diseases."

"Bartholow," in speaking of vaccination, starts out by saying vaccinia or cowpox is a natural disease occurring in the cow and horse, and possibly some other animals. This means, according to "Webster's" definition of "natural," *not acquired*; he, however, ends the chapter in this wise; the vaccine disease may be produced by inoculation with lymph taken from other cows suffering from the disease, with the lymph of horsepox which is identical with the cowpox, with humanized lymph or retro-vaccination, and by the matter of smallpox or variolation. The latter process has given origin to a good deal of controversy, owing to the difficulty of inoculating cows with the matter of variola, but it has been accomplished a number of times. The results being in all respects the same as ordinary vaccinia, so that the vaccine disease as Jenner, originally maintained, is variola modified by transmission through the system of the cow.

In a few words, it may be said Bartholow, in a chapter of little over a page, starts out by saying the disease cowpox is not acquired, and ends up by saying it is acquired; and now, if such good authorities leave matters in such an unsettled condition, why do they do it? is it because they have no positive proof (though they assert they have)?

If it is possible for smallpox to have previously occurred in the human being, then it is also possible for cowpox to have previously occurred in the cow.

The occurrence of smallpox in the human family (spontaneously) is perhaps settled.

As a suggestion: I offer this that it might interest some of the readers of the REPORTER to have proprieters of vaccine farms state, through your journal, whether their stock of virus is propagated from supposed genuine cases of cowpox, or whether it is knowingly propagated from inoculation of variolous matter communicated to the cow.

H. L. GETZ, M.D.

Marshalltown, Ia.

NEWS AND MISCELLANY.

Vaccin Charbonneux.

In our issue of November 4th we gave the results of Dr. Klein's experiments with vaccin charbonneux. His observations were reported to M. Pasteur, who, in turn, writes as follows to the *British Medical Journal*:—

"I am much obliged to you for having informed me of the result of Dr. Klein's experiments on *vaccin charbonneux*. These experiments suggest to me the following reflections: The discovery of a means of producing modified virus, and the efficiency of the practical use of such virus in all matters relating to *vaccin charbonneux* have been so thoroughly proved, in various countries, for at least a year, that there is nothing more to be done, in the way of demonstration, to settle the question. It is an accomplished fact that now belongs to science.

"If any experimenter, however competent he may be, and I know that Dr. Klein is very able, fail when he attempts a fresh verification of the question, his duty, in the present condition of science, should be the investigation of the motives by which he is opposed. I have already pointed out that the question of species and race should be taken into consideration. A vaccine which vaccinates rabbits, vaccinates sheep very badly, or to a very small extent. Some breeds of sheep do not tolerate at all, or tolerate very badly, the vaccine which is efficient for another breed. It is advisable that preliminary trials should be made on a small number of individuals, especially if we pass from one country to another, so that we may be assured of the degree of strength of the vaccine: and if it be desired also to find out what is suitable to new species or varieties, mice and guinea-pigs cannot be used for the trial of sheep-vaccine. There are also in the kind of experiment under consideration other sources of possible failure. Thus, I have already pointed out that in one of the experiments undertaken in Italy, the virulent virus employed was septicæmic as well as anthracic. The vaccinated animals died as well as the non-vaccinated subjects.

"Dr. Klein has, as it appears to me, equally failed in proving that *vaccin charbonneux* loses its virulence when cultivated at 42° to 43° Cent., in contact with the air; this is because he has not followed the method pointed out by me, and here also he can only blame himself for his failure. The conclusion of the communication to which I am now replying is prudent to the last degree, for it is certainly most unadvisable to introduce *vaccin charbonneux* into a country where anthrax does not exist."

Professor Pacini on the Claims of Harvey.

A dispute has been lately taking place between England and Italy, as to who really discovered the circulation of the blood; some Italians claiming this honor for Cesalpino, while the English, of course, claimed the discovery for Harvey. The matter seems to be definitely settled at last, by the following letter from the eminent Professor Pacini, of Florence, to Pro-

fessor Johnson, of London, which we take from the *British Medical Journal*:—

"I have read, with the greatest pleasure, your beautiful dissertation (Harveian Oration), respecting the great discovery of the circulation of the blood, which you have been pleased to send me; and, having read it, I am bound to acknowledge that the glory of having demonstrated that discovery by every kind of argument and of fact belongs unquestionably to Harvey. You ought not, however, to wonder that actually the most clamorous of the scientific Italians endeavor to attribute the discovery to Cesalpino. If Cesalpino and Harvey were now living, it is certain that our scientists would consider it a duty to attribute it to Harvey; but both being dead, it is natural that Italian scientists should attempt to claim it for Cesalpino."

Professor Brinton's Tribute to Professor Gross.

In the course of the Introductory Lecture to the Winter Course in the Jefferson Medical College, Professor John H. Brinton said, "It has happened that one who for long years has worn, with singular grace, the robes of professional office, and who for more than a quarter of a century has been alike the pride and ornament of this school, has felt that the time has come when, with every propriety, he may retire from the active duties of his chair, and permit himself that relaxation which advancing years and the sense of duty well performed, justly entitles him to demand.

"Gentlemen, it is not often that a man can so live, prominent for learning, worth and purity, as to forestall the judgment of posterity; it is not often in our profession that contemporary tongues roll up the shout of *αναξ ανδρων*, king of men; it is not often given to living man to pluck the chaplet of immortality and wear it on a mortal brow. Yet all these have been graciously granted to one whom we hold dear.

"All honor, then, to him of whom I speak, whose honors need no roll call; to him, the wise physician, the illustrious surgeon, whose fame is world-wide, and to whose books learned men in every country turn; to him whom royal lips have told that in honoring him Great Britain's august University had honored itself; to him, so long the standard bearer of the American profession; to him, the glory of our school, our own beloved and venerated Gross."

Typhoid Fever in Paris.

Typhoid fever, which may be said to be almost endemic in Paris, has arrived almost to the proportions of an epidemic since the month of June.

The number of deaths from the disease was 161 for the first week in June, and 273 in the last week.

Again, from September 22d to the 28th, there occured 57 deaths, and from September 29th to October 5th, 134 deaths, while in the corresponding weeks of 1881, there occurred respectively 21 and 27 deaths from the disease.

There are at present 2074 cases of typhoid fever in the Paris hospitals; at the Lariboisière hospital alone there are 437 patients. On the two days, October 10th and 11th, 283 cases were admitted into the hospitals. The epidemic has assumed such proportions that most chronic patients have been removed, and barrack hospitals erected at Cochin, St. Louis, etc.

The Cause of the Death of Gen. Anthony Wayne.

The following we take from the *College and Clinical Record*:—

The following scrap of history will be of great interest to medical readers; it is an extract of Henry De Butt's letter announcing the death of General Anthony Wayne, addressed to the Secretary of War, and dated at—

Presque Isle, December 15th, 1796.

"It is with extreme concern I discharge the melancholy duty of announcing to you the death of Major General Anthony Wayne, who, after an exceedingly painful visitation of the gout, expired this morning, between the hours of two and three o'clock. This disorder attacked him about the 17th ult., during a very favorable passage from Detroit hither, where he arrived on the evening of the next day. It by turns affected his feet, knees and hands, with considerable inflammation and a great degree of pain, until about the 3d; when the violence of both beginning to abate inspired flattering hopes of his speedy recovery; but, alas! these were of short duration; for, on the morning of the 3d inst. it appeared that the gout had taken possession of his stomach, where it remained with unconquerable obstinacy and extreme torture, until it put a period to his existence. His remains will be interred to-morrow, within this fort, with military honors."—*Claypoole's American Daily Advertiser December* 31st, 1796.

American Academy of Medicine.

At the recent meeting of the Academy, held in this city, fifty-one new members were elected.

Personal.

—Dr. Philip Leidy has been removed as port physician of Philadelphia, and Dr. Thomas B. Reed has been appointed in his place.

Items.

Errata.—In our issue of Nov. 11, p. 559, line 32 from bottom, for "I have seen used," read "I have *not* used"

—Dr. W. T. Belfield, of Chicago, will deliver the Cartwright course of lectures in New York the coming winter.

—Dr. J. W. Bean, of Cottage Grove, Lane Co., Oregon (graduate of Jefferson Medical College), has been appointed by the Government, physician in charge of the hospital at the Cascades (Cascade Locks, Wash. Co., Oregon).

QUERIES AND REPLIES.

W. S. D., Pa. We have been informed that the constituents of Pierce's Favorite Prescription were ascertained by Hager & Jacobsen, eight or ten years ago, as follows: savine, agaric, cinnamon, cinchona bark, opium, gum arabic, oil of anise, alcohol; quantities were not given.